Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	nge in Company's premium or rate lev	el produced by rate revision effective	3/1/2011
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$1,172,881	4.40%
	Line of Insurance		
	es filing only apply to certain territory (titled classes.	erritories) or certain classes? If so, specify:	We are revising the list of
Brie	ef description of filing. (If filing follows rather than 12 course (IL-2010-1). We have changed our	ates of an advisory organization, specify org	ganization): We are adopting
OUT	surcharged Loss Cost Multiplier to 2.181. Schedu	le credits/debits are changed to +/40%.	
	salona god 2000 Cost Manapier to 2.100. Constant		
	ljusted to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates	
		Addisa	on Insurance Company
			lame of Company
		·	
		Allen R. Sorens	sen, VP - Corporate Underwriting
			Official - Title



FORM (RF-3)



### **SUMMARY SHEET**

MAY 0 1 2011

	effective 05/01/2011	•	d by rate revision ate of Illinois DEPARTMENT OF INSURAN SPRINGFIELD, ILLINOIS
-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	_ Change (+or-) **
•	Automobile Liability Private		
	Passenger Commercial		
	Automobile Physical Damag		•
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine	<del></del>	
	Homeowners	<del></del>	
3.	Commercial Multi-Peril		
<b>ļ</b> .	Crop Hail		
<b>.</b>	Other Workers Compensation	\$10,800	+0.4%
	Life of Insurance		
	Does filing only apply to certa	ain territory (territories) o	or certain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If t	filing follows rates of an	advisory
	Organization, specify		<b>,</b>
	organization):	NCCI advisory loss c	osts and rating values.
	*Adjusted to reflect all prior ra **Change in Company's pren		ult from application of new
	rates.		• •
		Allied Eastern Inc	demnity Company
		Na	ame of Company
		Richard W. Irons	- Product Manager
		<del></del>	Official – Title

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

Change in Company's premium or rate level produced by rate rev	ision effective <u>Janua</u>	ry 1, 2011	
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or)**	
<ol> <li>Automobile Liability         <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Automobile Physical Damage                 <ul> <li>Private Passenger</li> <li>Commercial</li> <li>Liability Other than Auto</li> <li>Burglary and Theft</li> </ul> </li> </ol>	volume (IIIInois)	Change (+ or =)	
5. Glass			
6. Fidelity 7. Surety 8. Boiler and Machinery			
9. Fire JAN 0 1 2011 10. Extended Coverage 11. Inland Marine STATE OF ILLINOIS			
13. Commercial Multi-Peril SPRINGFIELD, ILLINOIS 14. Crop Hail			
15. Workers Compensation 16. Other	\$299,701	+0.4%	
Line of Insurance			
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify No		
Brief description of filing (if filing follows rates of an advisory orga	nization, specify organiza	tion) This filing proposes	to apply
the current loss cost multiplier of 1.450 (1.902 for F-classes) to the	ne January 1, 2011 loss co	osts published by the National	
Council on Compensation Insurance effective January 1, 2011 for	or new and renewal policie	s. The ELFs are calculated us	ing
an LCM of 1.846.			

\* Adjusted to reflect all prior rate changes.
 \*\* Change in Company's premium level which will result from application of new rates.

American Alternative Insurance Corporation Name of Company

Kathryn Sine, Senior State Filing Analyst Official — Title



190000 an 2011

Form (RF-3)

### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
06-01-2019PRINGFIELD, ILLINOIS

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$3,903,732	+2.4%
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify	:
	description of filing. (If filing follows oting 1-1-11 NCCI-approved loss costs	rates of an advisory organization, specify and revising Loss Cost Multiplier.	organization):
		1	

Change in Company's premium or rate level produced by rate revision effective

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



JUN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American Economy Insurance Company

Name of Company

Ein\_B. Ummel

Eric B. Ummel Vice President, Commercial Lines Product Management

### **SUMMARY SHEET**

Evelyn Bachman, Filing /Manual Coordinator

Official - Title

(	Change in Company's premium or rate	level produced by rate revision effect	tive August 1, 2011
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <a href="#">Change (+ or -)**</a>
1.	Automobile Liability		
••	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
•	Commercial		
3.	Liability Other Than Auto		
4. 5.	Burglary and Theft Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	0000100	-0.2%
15.	Other Workers Compensation  Line of Insurance	\$232,183	-0.276
Does f	iling only apply to certain territory (te	rritories) or certain classes? If so, spe	ecify:
We a	description of filing. (If filing follows are filing to adopt NCCI's January 1, 2 overall decrease of -0.2%.	rates of an advisory organization, spe 011 loss costs adjusted by our curren	ecify organization): t multiplier of 1.473. This will result
** C		nich will	American Hardware Mutual Ins Co Name of Company
		NTE OF ILLINOIS MENT OF INSURANCE NGFIELD, ILLINOIS	

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Form (RF-3)

## **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	Change in Company's premium or rate	level produced by rate revision effective	06-01-2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
3. 4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	\$2,125,705	+2.9%
Does No		rritories) or certain classes? If so, specify:	
Brie	f description of filing. (If filing follows opting 1-1-11 NCCI-approved loss costs	rates of an advisory organization, specify	organization):
Ad	opting 1-1-11 NCC1-approved loss costs	and revising Loss Cost Multiplier.	

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

FILED

JUN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

American States Insurance Company

Name of Company

Ein B. Ummel

Eric B. Ummel
Vice President, Commercial Lines
Product Management

Section 754

1.

2.

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

#### IL Department of Insurance FORM (RF-3) SUMMARY SHEET

Change in Company's premium or rate level produced by rate

## **RECEIVED**

JAN - 7 2011

## STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

| revision effective   | January 1, 2011  |                                 |
|--|--|---------------------------------|
| (1)  | (2)  | (3)                             |
| ` '  | Annual Premium   | Percent                         |
| Coverage   | Volume_(Illinois) *  | Change (+ or -) **              |
|  |  |                                 |
| Automobile Liability   |  |                                 |
| Private Passenger  |  |                                 |
| Commercial   |  |                                 |
| Automobile Physical Damage   |  |                                 |
| Private Passenger  |  |                                 |
| Commercial   |  |                                 |
| Liability Other Than Auto  |  |                                 |
| Burglary and Theft   |  |                                 |
| Glass  |  |                                 |
| Fidelity   |  |                                 |
| Surety   |  |                                 |
| Boiler and Machinery   |  |                                 |
| Fire   |  |                                 |
| Extended Coverage  |  |                                 |
| Inland Marine  |  |                                 |
| Homeowners   |  |                                 |
| Commercial Multi-Peril   |  |                                 |
| Crop Hail  |  |                                 |
| Other Workers Compensation   | \$2,056,517  | 1.4%                            |
| Line of Insurance  |  |                                 |
|  |  |                                 |
| looes filing only apply to certain territory (ter<br>lasses? If so, specify: <u>No</u> | ritories) or certain   |                                 |
|  | tes of an advisory<br>re adoping the NCCI approval 1/1/201<br>rnewal policies. | 1 voluntary loss costs, for new |
|  |  |                                 |
|  |  |                                 |
|  |  |                                 |
|  |  |                                 |
|  |  |                                 |
| Adjusted to reflect all prior rate changes   |  |                                 |
| , ajustice to remote all prior rate original   | **   |                                 |



Change in Company's premium level which will

result from application of new rates.

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Assurance Co. of America
Name of Company

Nancy M. Hoppe, SVP and Chief Pricing A
Official - Title

FORM (RF-3)



SUMMARY SHEET

APR 0 1 2011

| (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) *  | (3) Percent Change (+or-) **   |
|--|---|--|
| Automobile Liability Private   | voicino (minoro)  | - Ondrigo (101)  |
| Passenger  |   |  |
| Commercial   |   |  |
| Automobile Physical Damag  |   |  |
| Private Passenger  |   | •  |
| Commercial   |   |  |
| Liability Other Than Auto  |   |  |
| Burglary and Theft   |   |  |
| Glass  |   |  |
| Fidelity   |   |  |
| Surety   |   |  |
| Boiler and Machinery   |   |  |
| Fire   |   |  |
| Extended Coverage  |   |  |
| Inland Marine  |   |  |
| Homeowners   |   |  |
| Commercial Multi-Peril   |   | <u> </u>   |
| Crop Hail  |   |  |
| Other Workers' Compensation Life of Insurance  | \$675,390   | NCCI overall + 0.4%  |
| Does filing only apply to cert:  | ain territory (territories) o   | r certain  |
|  |   |  |
| Classes? If so,  |   |  |
|  |   |  |
| Classes? If so, specify: No  | filing follows rates of an a  | advisorv   |
| Classes? If so, specify: No  Brief description of filing. (If the second | filing follows rates of an a  | advisory   |
| Classes? If so, specify:  Brief description of filing. (If to Organization, specify  | •   | ·  |
| Classes? If so, specify:  Brief description of filing. (If to Organization, specify organization):   | This Filing is to adopt   | the NCCI January 1, 2011 Loss  |
| Classes? If so, specify: No  Brief description of filing. (If to Organization, specify organization): Costs and Rating Values. Current   | This Filing is to adopt LCMs of 1.30 standard and 1   | the NCCI January 1, 2011 Loss  |
| Classes? If so, specify: No  Brief description of filing. (If to Organization, specify organization):  Costs and Rating Values. Current Loss Costs adopted with this filing  *Adjusted to reflect all prior reflects.  | This Filing is to adopt LCMs of 1.30 standard and 1 . ate changes.                            | the NCCI January 1, 2011 Loss 1.10 coal will apply to the NCCI                             |
| Classes? If so, specify: No  Brief description of filing. (If to Organization, specify organization): Costs and Rating Values. Current Loss Costs adopted with this filing   | This Filing is to adopt LCMs of 1.30 standard and 1 . ate changes.                            | the NCCI January 1, 2011 Loss 1.10 coal will apply to the NCCI                             |
| Classes? If so, specify: No  Brief description of filing. (If to Organization, specify organization):  Costs and Rating Values. Current Loss Costs adopted with this filing  *Adjusted to reflect all prior reflects.  | This Filing is to adopt LCMs of 1.30 standard and 1 . ate changes. nium level which will resu | the NCCI January 1, 2011 Loss .10 coal will apply to the NCCI                              |
| Classes? If so, specify: No  Brief description of filing. (If to Organization, specify organization): Costs and Rating Values. Current Loss Costs adopted with this filing *Adjusted to reflect all prior rational company's prent to the company's prent to | This Filing is to adopt LCMs of 1.30 standard and 1 . ate changes. nium level which will resu | the NCCI January 1, 2011 Loss 1.10 coal will apply to the NCCI ult from application of new |
| Classes? If so, specify: No  Brief description of filing. (If to Organization, specify organization): Costs and Rating Values. Current Loss Costs adopted with this filing *Adjusted to reflect all prior rate **Change in Company's prent   | This Filing is to adopt LCMs of 1.30 standard and 1 . ate changes. nium level which will resu | the NCCI January 1, 2011 Loss .10 coal will apply to the NCCI                              |

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

| Change in Company's premium or rate level produced by rate   | revision effective                          | Jar                                  | nuary 1, 2011                       |
|--|---|--------------------------------------|-------------------------------------|
| (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* |                                      | (3)<br>Percent<br>Change (+ or -)** |
| Automobile Liability     Private Passenger     Commercial  |   |                                      |                                     |
| Automobile Physical Damage     Private Passenger   |   | ·                                    |                                     |
| 3. Liability Other Than Arthor 4. Burglary and Theft 5. Glass  |   |                                      |                                     |
| 6. Fidelity 7 Surph JAN 0 1 2011   |   | <u> </u>                             |                                     |
| 7. Surety JAN 6 1 2011 8. Boiler and Machinery   |   | <del></del>                          |                                     |
| 9. Fire STATE OF ILLINOIS  |   | <del></del>                          |                                     |
| DEPARTMENT OF INSURANCE  | Ε   | •                                    |                                     |
| 11. Inland Marine SPRINGFIELD, ILLINOIS  |   | •                                    |                                     |
| 12. Homeowners   |   | -                                    |                                     |
| 13. Commercial Multi-Peril   |   | <del></del>                          |                                     |
| 14. Crop Hail  |   | <del></del>                          |                                     |
| 5. Workers Compensation  | 12,245,015                                  | ·····                                | -0.4%                               |
| 16. Other  |   | <u> </u>                             |                                     |
| Line of Insurance  |   |                                      |                                     |
| Does filing only apply to certain territory (territories) or certain   | classes? If so, specify                     | No.                                  |                                     |
| Brief description of filing (if filing follows rates of an advisory of Workers Compensation loss costs and rating value. | es per NCCl Circular IL-2010                | Adoption of N<br>0-10. The filing pr | oposes an increase                  |
| n the current loss cost multiplier from 1.698 to 1.7   | 717. The filing maintains the               | current approved                     | deviation of +10.0%.                |
| * Adjusted to reflect all prior rate changes     ** Changes in Company's premium level which will resul                  | t from application of new rates.            |                                      |                                     |
|  | The Charter                                 | Oak Fire Insurar                     | nce Company                         |
| RECEIVED   |   | me of Company                        |                                     |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

JAN 18 2011

WC-IL-7

Loi O'Keefe

Official - Title

Printing 08/95

2nd Vice President

### Form (RF-3)

### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

| Change in Company's premium or rate leve  | el produced by rate revision effective             | 01/01/2011                                 |
|---|--|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1. Automobile Liability Private   |  |  |
| Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass  6. Fidelity  7. Surety  8. Boiler and Machinery  9. Fire  10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers' Compensation Line of Insurance | 10,121,899   | -2.2%                                      |
| Does filing only apply to certain territory (te<br>Applies to all territories and classes.  | erritories) or certain classes? If so, specify:    |  |
| Brief description of filing. (If filing follows ra  |  | ganization):                               |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whi  | ich will result from application of new rates      |  |
|   | Chubb Indemnity Insurance                          | Name of Company                            |
|   | Assistant Vice President                           | Official - Nitle Stull                     |

Assistant Vice President FILED

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FORM (RF-3)



SUMMARY STIEL:

Change in Company's premium or rate level produced by rate revision in the produced (2) (3)(1) Annual Premium Percent Coverage Volume (Illinois) \* Change (+or-) \*\* Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto Burglary and Theft 4. 5. Glass 6. **Fidelity** 7. Surety Boiler and Machinery 8. 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation 7268508 + 0.4% less souts Advisory Rates Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NO Brief description of filing. (If filing follows rates of an advisory Organization, specify filing is to adopt NCCI WC rate filing effective 1/1/2011 organization): circular filing IL-2010-07 \*Adjusted to reflect all prior rate changes. . . \*\*Change in Company's premium level which will result from application of new rates.

Dallas National Insurance Compnay

achte

Name of Company

#### **ILLINOIS SUMMARY SHEET**

#### FORM RF-3

| hange in Company's premium or rate level produced by rate revisio           | n effective                                 |                | January 1, 2011                     |
|---|---|----------------|-------------------------------------|
| (1) Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* |                | (3)<br>Percent<br>Change (+ or -)** |
| Coverage  | volume (illinoid)                           |                | Shanga ( II )                       |
| Automobile Liability     Private Passenger     Commercial                   |   |                |                                     |
| Automobile Physical Damage     Private Passenger     Commercial             |   | <u></u>        |                                     |
| 3. Liability Other Than Auto  |   | <del></del>    |                                     |
| 4. Burglary and Theft<br>5. Glass   |   |                |                                     |
| 5. Fidelity   |   |                |                                     |
| Surety  Boiler and Machinery  JAN 0 1 2011                                  |   |                |                                     |
|   |   |                |                                     |
| D. Extended Coverage STATE OF ILLINOIS                                      |   |                |                                     |
| DEPARTMENT INOIS  |   | <del></del>    | *****                               |
| 2. Homeowners SPRINGFIELD, ILLINOIS   |   |                |                                     |
| 3. Commercial Multi-Peril   |   |                |                                     |
| 1. Crop Hail  | -   |                |                                     |
| 5. Workers Compensation   | 1,597,469                                   | <u> </u>       | 2.3%                                |
| 6. Other  |   | <u></u>        |                                     |
| Line of Insurance   |   |                |                                     |
|   |   | NT.            |                                     |
| oes filing only apply to certain territory (territories) or certain classe  | s? If so, specify                           | No.            | <u></u>                             |
| rief description of filing (if filing follows rates of an advisory organiza | ation, specify organization)                |                | f NCCI approved                     |
| Vorkers Compensation loss costs and rating values pe                        | h - filing projection the                   | 0-10. The ming | proposes an increase                |
| the current loss cost multiplier from 1.389 to 1.404. T                     | ne filing maintains the                     | current approv | eu deviation of -10.0%              |
|   |   |                |                                     |

Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

RECEIVED

dai O'Keafe

2nd Vice President

Official - Title

Name of Company

Discover Property and Casualty Insurance Company

JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

### FORM (RF-3)



SUMMARY SHEET

MAY 0 1 2011

| (1)   | (2)                                    | (3)                                     |
|---|--|---|
| , ,   | Annual Premium                         | Percent                                 |
| Coverage  | <ul><li>Volume (Illinois) *</li></ul>  | Change (+or- <u>) **</u>                |
| Automobile Liability Private  |  |   |
| Passenger   |  |   |
| Commercial  |  |   |
| Automobile Physical Damag   |  |   |
| Private Passenger   |  | •                                       |
| Commercial  |  |   |
| iability Other Than Auto  |  |   |
| Burglary and Theft  |  |   |
| Glass   |  |   |
| Fidelity  | ************************************** |   |
| Surety  |  | -                                       |
| Boiler and Machinery  | · · · · · · · · · · · · · · · · · · ·  | *************************************** |
| ire   |  |   |
| Extended Coverage   |  |   |
| nland Marine  |  |   |
| Homeowners  |  |   |
| Commercial Multi-Peril  |  |   |
| Crop Hail   |  |   |
| Other Workers Compensation  | \$563                                  | +0.4%                                   |
| Life of Insurance   |  |   |
| Does filing only apply to cert<br>Classes? If so,<br>specify: <u>No</u> | ain territory (territories) o          | or certain                              |
| Brief description of filing. (If  | filing follows rates of an             | advisorv                                |
| Organization, specify   | <b>.</b>                               | •                                       |
| organization):  | NCCI advisory loss c                   | osts and rating values.                 |
| Adjusted to reflect all prior i   | rate changes                           |   |
| *Change in Company's predates.  |  | ult from application of new             |
|   |  | ge Assurance Company                    |
|   |  | ame of Company                          |
|   | Richard W. Irons                       | - Product Manager                       |
|   |  | Official - Title                        |

## FORM (RF-3)

## SUMMARY SHEET



| (1)  | (2)<br>Annual Premium   | by rate revisionay 0 1 2011  STATE OF ILLINOIS  SPRINGFIELD, ILLINOIS  Percented, ILLINOIS  Change (+or-) ** |
|--|---|--|
| Coverage   | <ul> <li>Volume (Illinois) *</li> </ul>                       | _ Change (+or-)  |
| Automobile Liability Private Passenger                       |   |  |
| Commercial   |   |  |
| Automobile Physical Damag<br>Private Passenger               |   | •  |
| Commercial   |   |  |
| Liability Other Than Auto                                    |   |  |
| Burglary and Theft   |   |  |
| Glass  |   |  |
| Fidelity   |   |  |
| Surety   |   |  |
| Boiler and Machinery   |   |  |
| Fire   |   |  |
| Extended Coverage  |   |  |
| Inland Marine  |   |  |
| Homeowners   |   |  |
| Commercial Multi-Peril                                       |   |  |
| Crop Hail  | <b>*</b> 050,000  | .0.40/   |
| Other Workers Compensation Life of Insurance                 | \$250,338   | +0.4%  |
| Does filing only apply to certa Classes? If so,              | ain territory (territories) or                                | certain  |
| specify: No  |   |  |
| Brief description of filing. (If Organization, specify       | filing follows rates of an a                                  | dvisory  |
|  | NCCI advisory loss co   | ete and rating values  |
| organization):   | 11001 davisory 1000 00  | sis and rating values.   |
|  |   | sts and fathing values.  |
| *Adjusted to reflect all prior r. **Change in Company's prer | ate changes.  |  |
| *Adjusted to reflect all prior r                             | ate changes.  mium level which will resu  Eastern Alliance Ir | It from application of new   |
| *Adjusted to reflect all prior r. **Change in Company's prer | ate changes.  mium level which will resu  Eastern Alliance Ir | It from application of new nsurance Company me of Company  |



MAY 0 1 2011

Form (RF-3)

# SUMMARY SHEET STATE OF ILLINOIS SUMMARY SHEET SPRINGFIELD, ILLINOIS

|       | Change in Company's premium or rate   | level produced by rate revision effective     | 5-1-11                          |
|-------|---|---|---------------------------------|
|       | (1)   | (2)<br>Annual Premium                         | (3)<br>Percent                  |
|       | <u>Coverage</u>   | Volume (Illinois)*                            | Change (+ or -)**               |
| 1.    | Automobile Liability  |   |                                 |
|       | Private Passenger   |   |                                 |
|       | Commercial  |   | <del></del>                     |
| 2.    | Automobile Physical Damage<br>Private Passenger   |   |                                 |
|       | Commercial  |   |                                 |
| 3.    | Liability Other Than Auto   |   |                                 |
| 4.    | Burglary and Theft  |   |                                 |
| 5.    | Glass   |   |                                 |
| 6.    | Fidelity  |   |                                 |
| 7.    | Surety  |   |                                 |
| 8.    | Boiler and Machinery  |   |                                 |
| 9.    | Fire  |   |                                 |
| 10.   | Extended Coverage   |   |                                 |
| 11.   | Inland Marine   |   |                                 |
| 12.   | Homeowners  |   |                                 |
| 13.   | Commercial Multi-Peril  |   |                                 |
| 14.   | Crop Hail   |   |                                 |
| 15.   | Other Workers Compensation  | \$7,686,457                                   | 4.70%                           |
|       | Line of Insurance   |   |                                 |
| _     |   | · · · · · · · · · · · · · · · · · · ·         |                                 |
|       | filing only apply to certain territory (ter   | ritories) or certain classes? If so, specify: |                                 |
| no    |   |   |                                 |
|       |   |   |                                 |
| Dainf | description of filing. (If filing follows   | rates of an advisory organization, specify    | organization):                  |
| Buei  | onting the advisory loss ocets approved in  | n NCCI circular IL-2010-10 with a loss co     | ost multiplier of 1.64 with the |
|       | eption of class 6204 which will have a n  |   | ost munipher of 1.07 with the   |
| CXC   | conton of class 0204 which will have a n  | nutriplier of 0.74.                           |                                 |
|       |   |   |                                 |
| * /   | Adjusted to reflect all prior rate changes  |   |                                 |
|       | Change in Company's premium level wh  | ich will                                      |                                 |
| r     | esult from application of new rates.  |   |                                 |
|       | A CONTINUE OF THE PARTY OF THE |   |                                 |
|       |   |   |                                 |
|       |   | FMCASCO                                       | Insurance Company               |

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FILED

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

MAY 0 \_ 20 1

STATE OF THE DEPARTMENT SPRINGFILLS

H29219D

Name of Company

Don Coughennower Assistant Vice President



JAN 0 1 2011

FORM (RF-3)

**SUMMARY SHEET** 

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

| (1)                              | (2) Annual Premium   | (3) Percent                |
|----------------------------------|--|----------------------------|
| Coverage                         | - Volume (Illinois) *  | _ Change (+or-) **         |
| Automobile Liability Priva       | ne   |                            |
| Passenger                        |  |                            |
| Commercial                       |  |                            |
| Automobile Physical Dan          | nag  |                            |
| Private Passenger                |  | 4444                       |
| Commercial                       |  |                            |
| Liability Other Than Auto        |  |                            |
| Burglary and Theft               |  |                            |
| Glass                            |  |                            |
| Fidelity                         |  |                            |
| Surety                           |  |                            |
| Boiler and Machinery             |  |                            |
| Fire                             |  |                            |
| Extended Coverage                | Approximately and the second s |                            |
| Inland Marine                    |  |                            |
| Homeowners                       |  |                            |
| Commercial Multi-Peril           |  |                            |
| Crop Hail                        |  |                            |
| Other Workers Compensation       | n 14,917,237   | 0.4%                       |
| Life of Insurance                |  |                            |
|                                  | certain territory (territories) or   | certain                    |
| Classes? If so,                  | 2  |                            |
| specify: No                      | J  |                            |
| Brief description of filing.     | (If filing follows rates of an a   | advisorv                   |
| Organization, specify            | (  | •                          |
| organization):                   | Adoption of NCCI loss  | costs                      |
|                                  |  |                            |
| + A Jimaka al Asima Casta all ma | ·  |                            |
| *Adjusted to reflect all pr      |  | dt from application of no  |
|                                  | premium level which will resu  | in norn application of het |
| rates.                           | Employers Assura   | ince Company               |
|                                  |  | me of Company              |
|                                  | ING  | and or company             |

Steven Koester, Underwriting Business Analyst
Official – Title



FORM (RF-3)

JAN 0 1 2011

SUMMARY SHEET STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD ILLINOIS
Change in Company's premium or rate level produced by rate revision effective 01/01/2011

| -   | (1)<br>Coverage   | (2) Annual Premium Volume (Illinois) * | (3)<br>Percent<br>Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1.  | Automobile Liability Private                                    |  |                                    |
|     | Passenger   |  |                                    |
|     | Commercial  |  |                                    |
| 2   | Automobile Physical Damag                                       |  |                                    |
|     | Private Passenger   |  | •                                  |
|     | Commercial  |  |                                    |
| 3.  | Liability Other Than Auto                                       |  |                                    |
| 4.  | Burglary and Theft  |  |                                    |
| 5.  | Glass   |  |                                    |
| 6.  | Fidelity  |  |                                    |
| 7.  | Surety  | ************************************** |                                    |
| 8.  | Boiler and Machinery  |  |                                    |
| 9.  | Fire  |  |                                    |
| 10. | Extended Coverage   |  |                                    |
| 11. | Inland Marine   |  |                                    |
| 12. | Homeowners  |  |                                    |
| 13. | Commercial Multi-Peril  |  |                                    |
| 14. | Crop Hail   |  |                                    |
| 15. | Other Workers Compensation                                      | 3,858,183                              | 32.8%                              |
|     | Life of Insurance   | 3,000,100                              | 32.070                             |
| •   | End of Modranio   |  |                                    |
| ·   | Does filing only apply to certa Classes? If so,                 | in territory (territories) or o        | certain                            |
|     | specify: No   |  |                                    |
|     |   |  |                                    |
|     | Brief description of filing. (If fi Organization, specify       | ling follows rates of an ac            | dvisory                            |
|     | organization):  | Adoption of NCCI loss                  | costs and adjustment of loss cost  |
|     | multiplier from the current 1.3 to 1.7                          | 72 to make ECIC our high pric          | ed carrier.                        |
|     |   | · · · · · · · · · · · · · · · · · · ·  |                                    |
|     | *Adjusted to reflect all prior ra<br>**Change in Company's prem |  | t from application of new          |
|     | rates.  |  |                                    |

**Employers Compensation Insurance Company** 

Name of Company

Steven Koester, Underwriting Business Analyst



## **ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Com <sub>l</sub>        | pany's premium or rate leve                                       | I produced by rate revision effective   | February 1, 2011                              |
|-----------------------------------|---|---|---|
|                                   | (1)   | (2)<br>Annual Premium   | (3)<br>Percent                                |
| Co                                | overage   | Volume (Illinois)*  | Change (+ or -)**                             |
| 1. Automobile                     | e Liability<br>nercial  | ·   |   |
|                                   | Physical Damage   |   |   |
| 3. Liability Ot                   | her Than Auto   |   |   |
| 4. Burglary ar                    | nd Theft  |   | ·   |
| 5. Glass                          |   |   |   |
| 6. Fidelity                       |   |   |   |
| 7. Surety                         | <del></del>   |   |   |
| 8. Boiler and                     | Machinery   |   |   |
| 9. Fire                           | •   |   |   |
| 10. Extended 0                    | Coverage  |   |   |
| 11. Inland Mar                    | ine   |   |   |
| 12. Homeowne                      | ers   |   |   |
| 13. Commercia                     | Multi-Peril   |   |   |
| 14. Crop Hail                     |   |   |   |
| •                                 | kers Compensation   | 6,108,421   | +5.9%   |
|                                   | Line of Insurance   |   |   |
|                                   | apply to certain territory (te<br>es and classes                  | erritories) or certain classes? If so, specif   | y:  |
| Brief description<br>Adopt NCC    | n of filing> (If filing follows<br>I loss costs (circular IL-2010 | rates of an advisory organization, specify<br>0-10) and revise Loss Cost Multipliers with | organization): an effective date of 2/1/2011. |
|                                   |   |   |   |
| *Adjusted to re<br>** Change in C | flect all prior rate changes.<br>ompany's premium level wh        | ich will result from application of new rate  | es.   |
|                                   |   | Employers Inc   | surance Company of Wausau                     |
|                                   |   |   | Name of Company                               |
|                                   |   | Bonnie Roe  | eder State Filings Analyst                    |
|                                   |   |   | Official - Title                              |



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MAY 0 1 2011

Form (RF-3)

## SUMMARY SHEET STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

|        |             | (1)                             | (2)   | (3)                             |
|--------|-------------|---------------------------------|---|---------------------------------|
|        |             | Coverage                        | Annual Premium Volume (Illinois)*             | Percent Change (+ or -)**       |
| 1.     |             | bile Liability                  |   |                                 |
|        |             | e Passenger                     |   |                                 |
|        | Comm        |                                 |   |                                 |
| 2.     |             | bile Physical Damage            |   |                                 |
|        |             | e Passenger                     |   |                                 |
|        | Comm        |                                 |   |                                 |
| 3.     |             | y Other Than Auto               |   |                                 |
| 4.     | _           | y and Theft                     |   |                                 |
| 5.     | Glass       |                                 |   |                                 |
| 6.     | Fidelity    | •                               |   |                                 |
| 7.     | Surety      |                                 |   |                                 |
| 8.     |             | and Machinery                   |   |                                 |
| 9.     | Fire        |                                 |   |                                 |
| 10.    |             | ed Coverage                     |   |                                 |
| 11.    | Inland I    |                                 |   |                                 |
| 12.    | Homeo       |                                 |   |                                 |
| 13.    |             | ercial Multi-Peril              |   |                                 |
| 14.    | Crop H      |                                 |   | 2 202/                          |
| 15.    | Other       | Workers Compensation            | \$5,421,352                                   | 3.80%                           |
|        |             | Line of Insurance               |   |                                 |
| f      | عالم ممادد  | annly to contain tormitary (tor | ritories) or certain classes? If so, specify: |                                 |
| no     | iiiig oiiiy | apply to certain territory (ter | intoffes) of certain classes: If so, speerly. |                                 |
| 10     |             |                                 |   |                                 |
|        |             |                                 |   |                                 |
| rief c | description | of filing. (If filing follows)  | rates of an advisory organization, specify of | organization):                  |
| Ador   | ting the a  | dvisory loss costs approved i   | n NCCI circular IL-2010-10 with a loss co     | ost multiplier of 1.64 with the |
| exce   | otion of cl | ass 6204 which will have a n    | nultiplier of 0.74.                           |                                 |
|        |             |                                 |   |                                 |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



MAY 0 \_ 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Employers Mutual Casualty Company
Name of Company

Don Coughennower
Assistant Vice President
Official - Title

FILED

FORM (RF-3)

## JAN 0 1 2011

### **SUMMARY SHEET**

STATE OF ILLINOIS
Change in Company's premium or rate level produced by rate perism MENT OF INSURANCE effective 01/01/2011

SPRINGFIELD, ILLINOIS SPRINGFIELD, ILLINOIS

|   |   | ···  |                              |
|---|---|--|------------------------------|
| - | (1)   | (2)  | (3)                          |
|   | _   | Annual Premium   | Percent                      |
|   | Coverage  | <ul> <li>Volume (Illinois) *</li> </ul>  | _ Change (+or-) **           |
|   | Automobile Liability Private                                    |  |                              |
|   | Passenger   |  |                              |
|   | Commercial  |  |                              |
|   | Automobile Physical Damag                                       |  |                              |
|   | Private Passenger   |  | •                            |
|   | Commercial  |  |                              |
|   | Liability Other Than Auto                                       |  |                              |
|   | Burglary and Theft  |  |                              |
|   | Glass   |  |                              |
|   | Fidelity  |  |                              |
|   | Surety  |  |                              |
|   | Boiler and Machinery  |  |                              |
|   | Fire  |  |                              |
|   | Extended Coverage   | West of the second seco |                              |
|   | Inland Marine   |  |                              |
|   | Homeowners  |  |                              |
|   | Commercial Multi-Peril  |  |                              |
|   | Crop Hail   |  |                              |
|   | Other Workers Compensation                                      | 917 906  | 0.49/                        |
|   | Life of Insurance   | 817,896  | 0.4%                         |
|   | Does filing only apply to certa                                 | ain territory (territories) o  | r certain                    |
|   | Classes? If so,   | , , ,  |                              |
|   | specify: No   |  |                              |
|   |   |  |                              |
|   | Brief description of filing. (If f                              | iling follows rates of an a  | advisory                     |
|   | Organization, specify   | 3  | •                            |
|   | organization):  | Adoption of NCCI loss  | s costs                      |
|   | ,   |  |                              |
|   | *Adjusted to reflect all prior re                               | ato abango   |                              |
|   | *Adjusted to reflect all prior ra<br>**Change in Company's prem |  | alt from application of nave |
|   |   | num lever which will lest  | at nom application of new    |
|   | rates.  | Employers Prefer   | red Insurance Company        |
|   |   |  | amo of Company               |

Name of Company Steven Koester, Underwriting Business Analyst Official - Title

FORM (RF-3)

### **SUMMARY SHEET**

|  |  |  |  | D |
|--|--|--|--|---|
|--|--|--|--|---|

| DEPARTMENT OF ILLINOIS SPRINGFIELD, ILLINOIS (3) nium Percent ois)* Change (+or-) ** |
|--|
| nium Percent   |
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| +0.4%  |
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| tories) or certain   |
| ondo, or derrain   |
|  |
|  |
| s of an advisory   |
| •  |
| ory rates and rating values.   |
|  |
|  |
| will make the forms are the state of the second                                      |
| WILL FOREST TROM SEEDINGSTON OF POLY   |
| will result from application of new  |
| will result from application of new ers Security Insurance Company                   |
|  |

Form (RF-3)

## **ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET**

JAN 28 2011

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Change in Company's premium or rate level produced by rate revision effective

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
01/019PRINGFIELD

|      | (1)   | (2)<br>Annual Premium  | (3)<br>Percent           |
|------|---|--|--------------------------|
|      | <u>Coverage</u>   | Volume (Illinois)*   | <u>Change (+ or -)**</u> |
| 1.   | Automobile Liability  |  |                          |
|      | Private Passenger   |  |                          |
|      | Commercial  |  |                          |
| 2.   | Autobobile Physical Damage  |  |                          |
|      | Private Passenger   |  |                          |
|      | Commercial  | <del></del>  |                          |
| 3.   | Liability Other Than Auto   |  |                          |
| 4.   | Burglary and Theft  |  |                          |
| 5.   | Glass   |  |                          |
| 6.   | Fidelity  |  |                          |
| 7.   | •   |  |                          |
| 8.   | Boiler and Machinery  |  |                          |
| 9.   | Fire  |  |                          |
|      | Extended Coverage   |  |                          |
|      | Inland Marine   |  |                          |
| 12.  |   |  |                          |
|      | Commercial Multi-Peril  | W-24/2   |                          |
|      | Crop Hail   | 24 000 000   |                          |
| 15.  | Other Workers Compensation  | \$1,362,998  | -2.0 %                   |
|      | Line of Insurance   |  |                          |
| Doe  | es filing only apply to certain territory (territories)   | or certain classes? If so, specify:                          | <u>No</u>                |
| Brie | of description of filing. (If filing follows rates of an<br>This filing is to adopt the approved NCCI Circula |  |                          |
|      | djusted to reflect all prior rate changes.<br>hange in Company's premium level which will res                 | sult from application of new rates.                          |                          |
|      |   | Erie Insurance   | Company                  |
|      |   | Name of Cor  |                          |
|      | JAN 0 1 2011  | Ross C. Fonticella, ACAS, MAAA<br>Vice President and Manager |                          |
|      | n 1 2011  | Official - T   | itle                     |
|      | JAN U 3 -   | Onidai - 1   | 140                      |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Company's premium or rate level produced by rate revision effective |  | 01/01/11   |  |
|---|--|--|--|
|   | /4)  | (2)  | (3)  |
|   | (1)  | (2)<br>Annual Premium  | Percent  |
|   | 2  |  | Change (+ or -)**  |
|   | Coverage   | <u>Volume (Illinois)*</u>  | Change (+ Oi -)  |
| 1.  | Automobile Liability   |  |  |
|   | Private Passenger  |  |  |
|   | Commercial   |  |  |
| 2.  | Automobile Physical Damage   |  |  |
|   | Private Passenger  |  | - de la companya de l |
|   | Commercial   |  |  |
| 3.  | Liability Other Than Auto  |  |  |
| 4.  | Burglary and Theft   |  |  |
| 5.  | Glass  |  |  |
| 3.  | Fidelity   |  |  |
| 7.  | Surety   |  |  |
| В.  | Boiler and Machinery   |  |  |
| Э.  |  |  |  |
| 0.  | Extended Coverage  |  |  |
|   | Inland Marine  |  |  |
| •   | Homeowners   |  |  |
| 3.  | Commercial Multi-Peril   |  |  |
| _   | Crop Hail  |  |  |
|   | Other Workers Compensation   | \$2,334,117  | 0.5 %  |
|   | Line of Insurance  |  |  |
| )oe   | es filing only apply to certain territory (territorie  | es) or certain classes? If so, specif  | y: <u>No</u>   |
| 3rie  | of description of filing. (If filing follows rates of<br>This filing is to adopt the approved NCCI Cit | f an advisory organization, specify or<br>culars IL-2010-05 & IL-2010-10 eff | organization):<br>ective 1/1/2011.   |
|   | djusted to reflect all prior rate changes.<br>hange in Company's premium level which wil               | result from application of new rate  | s.   |
|   |  | Frie Insurance Co  | mpany of New York  |
|   |  |  | Company  |
|   |  | Loss Fontiall  | le   |
|   |  | Ross C. Fonticella, ACAS, MA   | MA   |
|   |  | Vice President and Manager   |  |

Official - Title

JAN 0 1 2011 JAN 0 1 2011

STATE OF ILLINOIS
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
DEPARTMENT OF INSURANCE

### Form (RF-3)

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ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

JAN 28 2011

Change in Company's premium or rate level produced by rate revision effective

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD
01/01/11

|      | (1)  | (2)<br>Annual Premium               | (3)<br>Percent           |
|------|--|-------------------------------------|--------------------------|
|      | <u>Coverage</u>  | Volume (Illinois)*                  | <u>Change (+ or -)**</u> |
| 1.   | Automobile Liability   |                                     |                          |
|      | Private Passenger  |                                     |                          |
|      | Commercial   |                                     |                          |
| 2.   | Automobile Physical Damage   |                                     |                          |
|      | Private Passenger  |                                     |                          |
|      | Commercial   |                                     |                          |
| 3.   | Liability Other Than Auto  |                                     |                          |
| 4.   | Burglary and Theft   |                                     |                          |
| 5.   | Glass  |                                     |                          |
| 6.   | Fidelity   |                                     |                          |
| 7.   | •  |                                     |                          |
| 8.   | Boiler and Machinery   |                                     |                          |
|      | Fire   |                                     |                          |
|      | Extended Coverage  |                                     |                          |
|      | Inland Marine  |                                     |                          |
|      | Homeowners   |                                     |                          |
|      | Commercial Multi-Peril   |                                     |                          |
|      | Crop Hail  |                                     |                          |
|      | Other Workers Compensation   | \$6,902,598                         | 1.5 %                    |
|      | Line of Insurance  | 40,002,000                          |                          |
| Doe  | s filing only apply to certain territory (territories) o   | or certain classes? If so, specify: | No                       |
| 3rie | f description of filing. (If filing follows rates of an<br>This filing is to adopt the approved NCCI Circula |                                     |                          |
|      | justed to reflect all prior rate changes.<br>nange in Company's premium level which will res                 | sult from application of new rates. |                          |
|      |  | Erie Insurance                      | Exchange                 |
|      |  | Name of Co                          | mpany                    |
|      |  | Ross Fontice /                      | le                       |
|      |  | Ross C. Fonticella, ACAS, MAAA      | 1                        |
|      |  | Vice President and Manager          | -                        |

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Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Chai  | nge in Company's premium or rate level produc   | ed by rate revision effective  | 01/01/11                           |
|-------|---|--|------------------------------------|
|       | (1)   | (2)<br>Annual Premium  | (3)<br>Percent                     |
|       | <u>Coverage</u>   | Volume (Illinois)*   | <u>Change (+ or -)**</u>           |
| 1.    | Automobile Liability  |  |                                    |
|       | Private Passenger   |  |                                    |
|       | Commercial  |  |                                    |
| 2.    | Automobile Physical Damage  |  |                                    |
|       | Private Passenger   |  |                                    |
|       | Commercial  |  |                                    |
| 3.    | Liability Other Than Auto   |  |                                    |
|       | Burglary and Theft  |  |                                    |
|       | Glass   |  |                                    |
|       | Fidelity  |  |                                    |
|       | Surety  |  |                                    |
|       | Boiler and Machinery  |  |                                    |
|       |   |  |                                    |
|       | Extended Coverage   |  |                                    |
|       | Inland Marine   |  |                                    |
| •     | Homeowners  |  |                                    |
| . — . | Commercial Multi-Peril  |  |                                    |
|       | Crop Hail   |  |                                    |
|       |   | \$3,622,292  | 1.3 %                              |
| 15.   | Other Workers Compensation Line of Insurance  | ΨΟ,022,232   | 1.5 70                             |
|       | Line of insurance   |  |                                    |
| Doe   | s filing only apply to certain territory (territories)  | or certain classes? If so, specify                                     | <b>y</b> : <u>No</u>               |
| Brie  | f description of filing. (If filing follows rates of a<br>This filing is to adopt the approved NCCI Circu | n advisory organization, specify c<br>lars IL-2010-05 & IL-2010-10 eff | organization):<br>ective 1/1/2011. |
|       | justed to reflect all prior rate changes.<br>nange in Company's premium level which will re               | esult from application of new rate                                     | S.                                 |
|       |   | Erie Insurance   | e Flagship City                    |
|       |   |  | Company                            |
|       |   | - por joinell  |                                    |
|       |   | Ross C. Fonticella, ACAS, MA   | AA                                 |

Vice President and Manager
Office

Official - Title

JAN 0 1 2011

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, IULINGIO

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JAN 28 2011

Form (RF-3)

### ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

| Change in Company's premium or rate level produced by rate revision effective |  |                                     | 01/01/11                            |
|---|--|-------------------------------------|-------------------------------------|
|   | (1)  | (2) Annual Premium                  | (3)<br>Percent<br>Change (+ or -)** |
| 1   | <u>Coverage</u><br>Automobile Liability  | Volume (Illinois)*                  | Cliange (+ OI -)                    |
| ••  | Private Passenger  |                                     |                                     |
|   | Commercial   |                                     |                                     |
| 2.  | Automobile Physical Damage   |                                     |                                     |
|   | Private Passenger  |                                     |                                     |
|   | Commercial   |                                     |                                     |
| 3.  | Liability Other Than Auto  |                                     |                                     |
| 4.  | Burglary and Theft   |                                     |                                     |
| 5.  | Glass  |                                     |                                     |
| 6.  | Fidelity   |                                     |                                     |
| 7.<br>8.  | Surety Boiler and Machinery  |                                     |                                     |
| -   | Fire   |                                     |                                     |
|   | Extended Coverage  |                                     |                                     |
|   | Inland Marine  |                                     |                                     |
|   | Homeowners   |                                     |                                     |
| 13.   | Commercial Multi-Peril   |                                     |                                     |
| 14.   | Crop Hail  |                                     |                                     |
| 15.   | Other Workers Compensation  Line of Insurance  | \$62,779                            | 4.8 %                               |
|   | es filing only apply to certain territory (territories)  ef description of filing. (If filing follows rates of ar  This filing is to adopt the approved NCCI Circu | n advisory organization, specify or | ganization):                        |
|   | djusted to reflect all prior rate changes.<br>hange in Company's premium level which will re   | esult from application of new rates |                                     |
|   |  | Erie Insurance Pro                  | perty & Casualty                    |
|   |  | Name of C                           | Company                             |
|   |  | Ross fonticella                     | <u></u>                             |
|   |  | Ross C. Fonticella, ACAS, MAA       | Α                                   |
|   |  | Vice President and Manager          |                                     |
|   |  | Official                            | - Title                             |

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective |  |                              | January 1, 2011     |                     |
|---|--|------------------------------|---------------------|---------------------|
|   | (1)  | (2)<br>Annual Premium        |                     | (3)<br>Percent      |
|   | Coverage   | Volume (Illinois)*           |                     | Change (+ or -)**   |
| 1.  | Automobile Liability   |                              |                     |                     |
|   | Private Passenger  |                              |                     |                     |
|   | Commercial   |                              | _                   |                     |
| 2.  | Automobile Physical Damage   |                              |                     |                     |
|   | Private Passenger  |                              | _                   |                     |
|   | Commorcial   |                              | <del></del>         |                     |
| 3.  | Liability Other Than Auto  |                              | _                   |                     |
| 4.  | Burglary and Theft   |                              | _                   | <u> </u>            |
| 5.  | Glass  |                              |                     |                     |
| 6.  | Fidelity JAN 0 1 2011  |                              | _                   |                     |
| 7.  | Surety   |                              | _                   |                     |
| 8.  | Boiler and Machinery STATE OF ILLINOIS                                     |                              | _                   |                     |
| 9.  | Fire DEPARTMENT OF INSURANCE   |                              |                     |                     |
| 10.   | Extended Coverage SPRINGFIELD, ILLINOIS                                    |                              |                     |                     |
| 11.   | Inland Marine  |                              |                     |                     |
| 12.   | Homeowners   |                              |                     |                     |
| 13.   | Commercial Multi-Peril   |                              |                     |                     |
| 14.   | Crop Hail  |                              |                     |                     |
| 15.   | Workers Compensation   | 11,217,881                   |                     | -0.4%               |
| 16.   | Other  |                              | <del></del>         |                     |
|   | Line of Insurance  |                              | _                   |                     |
|   | Ellio of modianos  |                              |                     |                     |
| Does  | filing only apply to certain territory (territories) or certain classe     | es? If so, specify           | No.                 |                     |
|   |  |                              |                     |                     |
|   |  |                              | A 1 (1 (NO          | 01                  |
| Brief   | description of filing (if filing follows rates of an advisory organization | ation; specify organization) | Adoption of NC      |                     |
| Wor   | kers Compensation loss costs and rating values pe                          | er NCCI Circular IL-2010     | -10. The filing pro | poses an increase   |
| in th   | e current loss cost multiplier from 0.925 to 0.935. T                      | he filing maintains the c    | urrent approved d   | eviation of -40.0%. |
|   | -  |                              |                     | ·                   |
|   |  |                              |                     |                     |
| *   | Adjusted to reflect all prior rate changes                                 |                              |                     |                     |
| **  | Changes in Company's premium level which will result from a                | application of new rates.    |                     |                     |

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JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Farmington Casualty Company

Name of Company

doi O'Keeje

2nd Vice President

Official - Title

WC-IL-7

Printing 08/95

Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate le  | 01/01/2011  |                                     |
|---|---|-------------------------------------|
| (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)*   | (3)<br>Percent<br>Change (+ or -)** |
| <u>Ooverage</u>   | Volume (minole)   | <u> </u>                            |
| Automobile Liability Private  |   |                                     |
| Passenger Commercial  Automobile Physical Damage Private Passenger Commercial  Liability Other Than Auto Burglary and Theft Glass |   |                                     |
| 6. Fidelity   |   |                                     |
| 7. Surety   |   |                                     |
| Boiler and Machinery     Fire   |   |                                     |
| 10. Extended Coverage   |   |                                     |
| 11. Inland Marine   |   |                                     |
| 12. Homeowners  |   |                                     |
| 13. Commercial Multi-Peril  |   |                                     |
| 14. Crop Hail   |   |                                     |
| 15. Other Workers' Compensation   | 28,648,091  | -0.7%                               |
| Line of Insurance   |   |                                     |
| Does filing only apply to certain territory ( Applies to all territories and classes.   | territories) or certain classes? If so, specify:  |                                     |
| Brief description of filing. (If filing follows and Adoption of the 1/1/11 loss costs published by NCC                            | rates of an advisory organization, specify ord<br>I (NCCI Filing Circular # IL-2010-05) | ganization):                        |
|   |   |                                     |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level w  | hich will result from application of new rates  |                                     |
|   | Federal Insurance Company   | Name of Company                     |
|   | Assistant Vice President  | Official Title                      |

FILED

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective            |   | January 1, 2011                     |  |
|--|---|-------------------------------------|--|
| (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |  |
| Automobile Liability     Private Passenger     Commercial     Automobile Physical Damage |   |                                     |  |
| Private Passenger<br>Commercial  |   |                                     |  |
| 3. Liability Other Than Auto   |   |                                     |  |
| 4. Burglary and Theft  |   |                                     |  |
| <ul><li>4. Burglary and Theft</li><li>5. Glass</li><li>6. Fidelity</li></ul>             |   |                                     |  |
| 6. Fidelity  | <u></u>                                     |                                     |  |
| 7. Surety  |   |                                     |  |
| 8. Boiler and Machinery JAN 0 1 2011   |   |                                     |  |
| 9. Fire  |   |                                     |  |
| 10. Extended Coverage STATE OF ILLINOIS  |   |                                     |  |
| 10. Extended Coverage STATE OF ILLINOIS 11. Inland Marine SPRINGFIELD ILLINOIS           | F   |                                     |  |
| 11. Inland Marine SPRINGFIELD, ILLINOIS  |   |                                     |  |
| 13. Commercial Multi-Peril   |   |                                     |  |
| 14. Crop Hail  |   |                                     |  |
| 15. Workers Compensation   | 2,164,361                                   | 3.2%                                |  |
| 16. Other  |   |                                     |  |
| Line of Insurance  |   |                                     |  |
| Does filing only apply to certain territory (territories) or certain o                   | classes? If so, specify                     | No.                                 |  |
| Brief description of filing (if filing follows rates of an advisory or                   | ganization, specify organization)           | Adoption of NCCI approved           |  |
| Workers Compensation loss costs and rating value   |   |                                     |  |
| in the current loss cost multiplier from 1.080 to 1.09                                   | 92. The filing maintains the curre          | ent approved deviation of -30.0%.   |  |
| at the eartern loss cost manipher from 1.000 to 1.00                                     |   |                                     |  |
|  |   |                                     |  |

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

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JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Fidelity and Guaranty Insurance Company

Name of Company

doi O'Keefe

2nd Vice President

Official - Title

WC-IL-7

Printing 08/95

#### ILLINOIS SUMMARY SHEET

#### FORM RF-3

|            |  |   | January 1, 2011 |                        |
|------------|--|---|-----------------|------------------------|
|            | (1)  | (2)<br>Annual Premium                   |                 | (3)<br>Percent         |
|            | Coverage   | Volume (Illinois)*                      |                 | Change (+ or -)**      |
| 1.         | Automobile Liability   |   |                 |                        |
|            | Private Passenger  |   | _               | <u> </u>               |
|            | Commercial   |   |                 |                        |
|            | Automobile Physical Damage   |   |                 |                        |
|            | Private Passenger  |   |                 |                        |
|            | Commercial   |   | <u> </u>        |                        |
|            | Liability Other Than Auto  |   |                 |                        |
|            | Burglary and Theft   |   |                 |                        |
|            | Glass  |   | <del></del>     |                        |
|            | Fidelity Surety  | *****                                   |                 |                        |
|            |  | - And the second second                 |                 |                        |
|            | Boiler and Machinery   |   |                 |                        |
|            | Fire JAN 0 1 2011  |   | <del></del>     |                        |
| ).         | Extended Coverage  |   |                 |                        |
|            | Inland Marine STATE OF ILLINOIS                                      |   |                 |                        |
| <u>?</u> . | Homeowners DEPARTMENT OF INSURANCE                                   |   |                 |                        |
| 3.         | Commercial Multi-PeniPRINGFIELD, ILLINOIS                            | *************************************** | <del></del>     |                        |
|            | Crop Hail  | 98,743                                  |                 | -1.5%                  |
| <b>.</b>   | Workers Compensation   | 96,743                                  | <del></del>     | -1.376                 |
| •          | Other Line of Insurance  |   |                 | •                      |
|            | <u> </u>   |   |                 |                        |
| oes 1      | filing only apply to certain territory (territories) or certain clas | sses? If so, specify                    | No.             |                        |
| _          |  |   | A dention o     | f NCCI approved        |
| ief d      | description of filing (if filing follows rates of an advisory organ  | nization, specify organization)         |                 | f NCCI approved        |
| ork        | kers Compensation loss costs and rating values                       | The filing maintains the                | J-10. THE IIING | proposes an increase   |
| the        | e current loss cost multiplier from 1.235 to 1.248.                  | . The filing maintains the              | current approv  | ed deviation of -20.0% |

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

RECEIVED

doi O'Keeje

2nd Vice President

Official - Title

Name of Company

Fidelity and Guaranty Insurance Underwriters, Inc.

JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

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## **ILLINOIS DEPARTMENT OF INSURANCE**

DEC -8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Cha    | inge in Company's premium or rate             | level produced by rate revision effective   | February 1, 2011             |
|--------|---|---|------------------------------|
|        | (1)   | (2)   | (3)                          |
|        | , ,   | Annual Premium  | Percent                      |
|        | Coverage                                      | Volume (Illinois)*  | Change (+ or -)**            |
| 1.     | Automobile Liability  Commercial              |   |                              |
| 2.     | Automobile Physical Damage<br>Commercial      |   |                              |
| 3.     | Liability Other Than Auto                     |   |                              |
| 4.     | Burglary and Theft                            |   |                              |
| 5.     | Glass   |   |                              |
| 6.     | Fidelity                                      |   |                              |
| 7.     | Surety  |   |                              |
| 8.     | Boiler and Machinery                          |   |                              |
| 9.     | Fire  |   |                              |
| 10.    | Extended Coverage                             |   |                              |
| 11.    | Inland Marine                                 |   |                              |
| 12.    | Homeowners                                    |   |                              |
| 13.    | Commercial Multi-Peril                        |   |                              |
| 14.    | Crop Hail                                     |   |                              |
|        | Other Workers Compensation                    | 5,525,839   | +5.9%                        |
|        | Line of Insurance                             |   |                              |
|        |   | · .   |                              |
| Doe    |   | y (territories) or certain classes? If so, specify:_  |                              |
|        | All territories and classes                   |   |                              |
|        | 6 1 1 1 1 6 6 P 1 1 7 7 6 P 1 1 6 - P         | and the standard and a standard and | cannization).                |
| Brie   | ef description of filing > (If filing follows | ows rates of an advisory organization, specify or<br>2010-10) and revise Loss Cost Multipliers with ar  | yanization).                 |
|        | Adopt NCCI loss costs (circular IL            | 2010-10) and revise Loss Cost Multipliers with a  | refrective date of 2/1/2011. |
|        |   |   |                              |
|        |   |   |                              |
| *^~    | ljusted to reflect all prior rate chang       | IAC   |                              |
|        |   | I which will result from application of new rates.  |                              |
| ,,,,,, | change in company's premium leve              | Which will result from application of new rates.  |                              |
|        |   | The First Liber   | ty Insurance Corporation     |
|        |   |   | ne of Company                |
|        |   |   |                              |
|        |   | Bonnie Roede  | er State Filings Analyst     |
|        |   |   | Official - Title             |



FEB 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

### **SUMMARY SHEET**

|         | (1)                                       | (2)  | (3)               |
|---------|---|--|-------------------|
|         | (1)                                       | Annual Premium                                 | Percent           |
|         | Coverage                                  | Volume (Illinois)*                             | Change (+ or -)** |
| 1.      | Automobile Liability                      |  |                   |
|         | Private Passenger                         |  |                   |
|         | Commercial                                |  |                   |
| 2.      | Automobile Physical Damage                |  |                   |
|         | Private Passenger                         |  |                   |
|         | Commercial                                |  |                   |
| 3.      | Liability Other Than Auto                 |  |                   |
| 4.      | Burglary and Theft                        |  |                   |
| 5.      | Glass                                     |  |                   |
| 6.      | Fidelity                                  |  |                   |
| 7.      | Surety                                    |  |                   |
| 8.      | Boiler and Machinery                      |  |                   |
| 9.      | Fire                                      |  |                   |
| 10.     | Extended Coverage                         |  |                   |
| 11.     | Inland Marine                             |  |                   |
| 12.     | Homeowners                                |  |                   |
| 13.     | Commercial Multi-Peril                    |  |                   |
| 14.     | Crop Hail                                 |  |                   |
| 15.     | Other Workers Compensation                | \$3,028,577                                    | +6.3%             |
|         | Line of Insurance                         |  |                   |
| Does fi | iling only apply to certain territory (te | rritories) or certain classes? If so, specify: |                   |
|         |   |  |                   |
| No      |   |  |                   |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

FILED

First National Insurance Company of America

Name of Company

JUN 0 1 2011

Ein B. Ummel

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Eric B. Ummel Vice President, Commercial Lines Product Management Official - Title

## RECEIVED

FORM (RF-3)

JAN 3 1 2011

### **SUMMARY SHEET**

| •                            | 1)                   | (2)<br>Annual Premium          | (3)<br>Percent                        |
|------------------------------|----------------------|--------------------------------|---------------------------------------|
|                              | erage                | Volume (Illinois) *            | Change (+or-) **                      |
|                              | iability Private     |                                |                                       |
| Passenger                    |                      |                                |                                       |
| Commercial                   |                      |                                |                                       |
|                              | hysical Damag        |                                |                                       |
| Private Passe                | enger                |                                |                                       |
| Commercial                   |                      |                                | · · · · · · · · · · · · · · · · · · · |
| Liability Other              |                      |                                |                                       |
| Burglary and                 | Theft                |                                |                                       |
| Glass                        |                      |                                |                                       |
| Fidelity                     |                      |                                |                                       |
| Surety                       |                      |                                |                                       |
| Boiler and Ma                | achinery             |                                |                                       |
| Fire                         |                      |                                |                                       |
| Extended Cov                 |                      |                                | <del></del>                           |
| Inland Marine                |                      |                                |                                       |
| Homeowners                   |                      |                                |                                       |
| Commercial N                 | Multi-Peril          |                                | *****                                 |
| Crop Hail                    |                      |                                |                                       |
| Other Workers                |                      | \$4,271,000                    | -1.01%                                |
|                              | fInsurance           |                                |                                       |
| Does filing or Classes? If s |                      | in territory (territories) or  | certain                               |
| specify:                     | N/A                  |                                |                                       |
| specify.                     |                      |                                | T                                     |
| Brief descript               | ion of filing. (If f | iling follows rates of an ac   | tvisorv                               |
| Organization                 |                      | 9                              | ,                                     |
| organization)                | • •                  | This is to adopt NCCI's        | 1/1/11 loss costs. We are             |
| making no char               | nges to our LCM as   | a result of the 1/1/11 change. |                                       |
|                              |                      |                                |                                       |
| *Adjusted to                 | reflect all prior ra | ite changes.                   |                                       |
|                              |                      |                                |                                       |

JAN 0 1 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

### **SUMMARY SHEET**

| Change in Company's premium or rate level produced by rate revision effective |             | 06-01-2011                       |   |                 |  |                     |             |
|---|-------------|----------------------------------|---|-----------------|--|---------------------|-------------|
|   |             | (1)                              | (2)<br>Annual Premium                         |                 | (3)<br>Percent   |                     |             |
|   |             | Coverage                         | Volume (Illinois)*                            | <u>Ch</u>       | ange (+ o  | <u>r -)**</u>       |             |
| 1.  |             | bile Liability                   |   |                 |  |                     |             |
|   |             | e Passenger                      |   |                 |  |                     | ···         |
|   | Comm        |                                  |   |                 |  |                     | <del></del> |
| 2.  |             | bile Physical Damage             |   |                 |  |                     |             |
|   |             | e Passenger                      |   |                 |  |                     |             |
|   | Comm        |                                  |   |                 |  |                     | <del></del> |
| 3.  |             | y Other Than Auto                |   |                 |  |                     |             |
| 4.  | _           | y and Theft                      |   |                 |  |                     | <del></del> |
| 5.  | Glass       |                                  |   |                 |  |                     |             |
| 6.  | Fidelity    | •                                |   |                 |  |                     |             |
| 7.  | Surety      |                                  |   |                 |  |                     | <del></del> |
| 8.  |             | and Machinery                    |   |                 |  |                     | <del></del> |
| 9.  | Fire        |                                  | 1.00  |                 |  |                     |             |
| 10.   |             | ed Coverage                      | **  |                 |  |                     |             |
| 11.   | Inland l    |                                  |   |                 |  |                     |             |
| 12.   | Homeo       |                                  |   |                 |  |                     |             |
| 13.   |             | ercial Multi-Peril               |   |                 |  |                     |             |
| 14.   | Crop H      |                                  |   |                 | <del></del>  |                     |             |
| 15.   | Other       |                                  | \$570,909                                     | +2.5            |  |                     |             |
|   |             | Line of Insurance                |   |                 |  |                     |             |
| - 0   |             |                                  | it with a remain alapses? If an amoniful      |                 |  |                     |             |
| Does to<br>No   | iling only  | apply to certain territory (ter  | ritories) or certain classes? If so, specify: |                 |  |                     |             |
|   |             |                                  |   |                 | <b>ANNO</b>  | 180 BR              | 11          |
| D. J. C.  | 1           | C.C.lina (IC.C.lina fallarra     | rates of an advisory organization, specify of | roanizatio      | 7).<br>~\$\text{\$\ext{\$\text{\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{ | /- # CH/4           | • •         |
| Brief   | lescription | n of filing. (If filing follows) | and revising Loss Cost Multiplier.            | ngamzanoi<br>\$ | TATE O   | BILLIN              | OIS         |
| Adop  | ung 1-1-    | 11 14CC1-approved loss costs     | and levising Loss Cost Humphon.               | DEPAR           | THENT  | of ins              | URANCE      |
|   | ·           |                                  |   |                 | RINGFIE  | <del>LD, ILLI</del> | NOIS-       |
| ······  |             |                                  |   |                 |  |                     |             |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

FILED

JUN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

General Insurance Company of America

Name of Company

Ein\_B. Umuel

Eric B. Ummel Vice President, Commercial Lines Product Management

### Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate I   | 01/01/2011   |  |
|---|--|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private  |  |  |
| Passenger Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft  5. Glass  6. Fidelity  7. Surety  8. Boiler and Machinery  9. Fire  10. Extended Coverage  11. Inland Marine  12. Homeowners  13. Commercial Multi-Peril  14. Crop Hail  15. Other Workers' Compensation Line of Insurance | 1,833,691  | -3.4%                                      |
| Does filing only apply to certain territory Applies to all territories and classes.   | (territories) or certain classes? If so, specify:    |  |
| Brief description of filing. (If filing follows Adoption of the 1/1/11 loss costs published by NC  *Adjusted to reflect all prior rate changes  |  |  |
| eque.   | Great Northern Insurance of Assistant Vice President | Company Name of Company Official – Title   |
|   |  |  |

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective  $\underline{\text{May 1, 2011}}$ .

| revision effective May 1,   |   |  |
|---|---|--|
| (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)*           | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril |   |  |
| 14. Crop Hail 15. Other Workers Compensation Line of Insurance  | 10,001,566  | 4.9%                                       |
| Does filing only apply to certain If so, specify: No  | territory (territories)or                             | certain classes?                           |
| Brief description of filing. (If organization, specify organization   | filing follows rates of ar  a): Adoption of NCCI loss | n advisory<br>costs and rating             |
| values per approval circular IL-20  | 10-10 with revised LCM of                             | 1.669 effective                            |
| May 1, 2011 for new and renewal bu  |   |  |
| * Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new   | ate changes.  |  |

Grinnell Mutual Reinsurance Company
Name of Company

Karen Bethea - Actuary
Official - Title

H29219D



MAY 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



MAY 0 1 2011

Form (RF-3)

#### **SUMMARY SHEET**

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

| •           | Change in Company's premium or rate             | level produced by rate revision effective     | 5-1-11                       |             |
|-------------|---|---|------------------------------|-------------|
|             | (1)   | (2)   | (3)                          |             |
|             | Coverage  | Annual Premium Volume (Illinois)*             | Percen<br><u>Change (+ c</u> |             |
| 1.          | Automobile Liability                            |   |                              |             |
|             | Private Passenger                               |   |                              |             |
|             | Commercial                                      |   |                              |             |
| 2.          | Automobile Physical Damage<br>Private Passenger |   |                              |             |
|             | Commercial                                      |   |                              |             |
| 3.          | Liability Other Than Auto                       |   |                              |             |
| 4.          | Burglary and Theft                              |   |                              |             |
| 5.          | Glass   |   |                              |             |
| 6.          | Fidelity  |   |                              |             |
| 7.          | Surety  |   |                              |             |
| 8.          | Boiler and Machinery                            |   |                              |             |
| 9.          | Fire  | - Income -                                    |                              |             |
| 10.         | Extended Coverage                               |   |                              |             |
| 11.         | Inland Marine                                   |   |                              |             |
| 12.         | Homeowners                                      |   |                              |             |
| 13.         | Commercial Multi-Peril                          |   |                              |             |
| 14.         | Crop Hail                                       |   |                              |             |
| 15.         | Other Workers Compensation                      | \$2,839,147                                   | 4.40%                        |             |
|             | Line of Insurance                               |   |                              |             |
| Does f      | iling only apply to certain territory (ter      | ritories) or certain classes? If so, specify: |                              | <del></del> |
|             |   |   |                              |             |
|             |   |   |                              |             |
| Brief       | description of filing. (If filing follows       | rates of an advisory organization, specify of | organization):               | :41- 41     |
|             |   | in NCCI circular IL-2010-10 with a loss co    | st multiplier of 1.64        | with the    |
| exce        | ption of class 6204 which will have a n         | nultiplier of 0.74.                           |                              | <del></del> |
| <del></del> |   |   |                              |             |
| * A         | djusted to reflect all prior rate changes.      |   |                              |             |
| / L         | ajasta to reflect all prior rate enamed         | •   |                              |             |

\*\* Change in Company's premium level which will result from application of new rates.

> Illinois EMCASCO Insurance Company Name of Company

> > Don Coughennower Assistant Vice President Official - Title



DEC -8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Company's premium or rate level  | produced by rate revision effective  | February 1, 2011         |
|--|--|--------------------------|
| (1)  | (2)<br>Annual Premium  | (3)<br>Percent           |
| Coverage   | Volume (Illinois)*   | Change (+ or -)**        |
| Automobile Liability     Commercial  |  |                          |
| Automobile Physical Damage     Commercial  |  |                          |
| Liability Other Than Auto  |  |                          |
| 4. Burglary and Theft  |  |                          |
| 5. Glass   |  |                          |
| 6. Fidelity  |  |                          |
| 7. Surety  |  |                          |
| 8. Boiler and Machinery  |  |                          |
| 9. Fire  |  |                          |
| Extended Coverage  |  |                          |
| 11. Inland Marine  |  |                          |
| 12. Homeowners   |  |                          |
| 13. Commercial Multi-Peril   |  |                          |
| 14. Crop Hail  |  |                          |
| 15. Other Workers Compensation   | 22,315,993   | +5.8%                    |
| Line of Insurance  |  |                          |
| Does filing only apply to certain territory (te<br>All territories and classes             | erritories) or certain classes? If so, specify:  |                          |
| Brief description of filing> (If filing follows<br>Adopt NCCI loss costs (circular IL-2010 | rates of an advisory organization, specify of the control of the c |                          |
| *Adjusted to reflect all prior rate changes.   | ich will recult from application of new rates  |                          |
| ** Change in Company's premium level whi   | ur wiii resuit from application of new rates.  |                          |
|  | Liberty Tr   | surance Corporation      |
|  |  | me of Company            |
|  | 14d  | inc or company           |
|  | Bonnie Roed  | er State Filings Analyst |
|  |  | Official - Title         |
|  |  |                          |



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DEC -8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Company's premium or rate       | e level produced by rate revision effective           | February 1, 2011              |
|---|---|-------------------------------|
| (1)                                       | (2)<br>Annual Premium                                 | (3)<br>Percent                |
| Coverage                                  | Volume (Illinois)*                                    | Change (+ or -)**             |
| 1. Automobile Liability                   |   |                               |
| Commercial                                |   |                               |
| 2. Automobile Physical Damage             |   |                               |
| Commercial                                |   |                               |
| 3. Liability Other Than Auto              |   |                               |
| 4. Burglary and Theft                     |   |                               |
| 5. Glass                                  |   |                               |
| 6. Fidelity                               |   |                               |
| 7. Surety                                 |   |                               |
| 8. Boiler and Machinery                   |   |                               |
| 9. Fire                                   |   |                               |
| 10. Extended Coverage                     |   |                               |
| 11. Inland Marine                         |   |                               |
| 12. Homeowners                            |   |                               |
| 13. Commercial Multi-Peril                |   |                               |
| 14. Crop Hail                             |   |                               |
| 15. Other Workers Compensation            | 34,905,930  | +5.9%                         |
| Line of Insurance                         |   |                               |
|   |   |                               |
| Does filing only apply to certain territo | ory (territories) or certain classes? If so, specify: | :                             |
| All territories and classes               |   |                               |
|   |   |                               |
|   | llows rates of an advisory organization, specify o    |                               |
| Adopt NCCI loss costs (circular IL-       | -2010-10) and revise Loss Cost Multipliers with a     | n effective date of 2/1/2011. |
|   |   |                               |
|   |   |                               |
|   |   |                               |
| *Adjusted to reflect all prior rate chan  |   |                               |
| ** Change in Company's premium leve       | el which will result from application of new rates    | i.                            |
|   |   |                               |
|   |   | Fire Insurance Company        |
|   | Na  | ame of Company                |
|   |   |                               |
|   |   | ler State Filings Analyst     |
|   |   | Official - Title              |



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



DEC -8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Company's premium or rate le            | evel produced by rate revision effective          | February 1, 2011             |
|---|---|------------------------------|
|   | (2)   | (3)                          |
| (1)   | (2)   | (3)                          |
| _   | Annual Premium                                    | Percent                      |
| Coverage  | Volume (Illinois)*                                | Change (+ or -)**            |
| 1. Automobile Liability                           |   |                              |
| Commercial  |   |                              |
| 2. Automobile Physical Damage                     |   |                              |
| Commercial  |   |                              |
| 3. Liability Other Than Auto                      |   |                              |
| 4. Burglary and Theft                             |   |                              |
| 5. Glass  |   |                              |
| 5. Fidelity                                       |   |                              |
| 7. Surety   | -   |                              |
| B. Boiler and Machinery                           |   |                              |
| 9. Fire   |   |                              |
| 10. Extended Coverage                             |   |                              |
| 11. Inland Marine                                 |   |                              |
| 12. Homeowners                                    |   |                              |
| 13. Commercial Multi-Peril                        |   |                              |
| 14. Crop Hail                                     |   |                              |
|   | 5,224,420   | +5.9%                        |
| 15. Other Workers Compensation  Line of Insurance | 5,224,420   | +5.978                       |
| Life of Insurance                                 |   |                              |
| Dece filing only apply to gortain torritory       | (territories) or certain classes? If so, specify: |                              |
| All territories and classes                       | (territories) or certain classes: 11 30, specify. |                              |
| All territories and classes                       |   |                              |
| Priof description of filings (If filing follow    | ws rates of an advisory organization, specify or  | raphization):                |
|   | 010-10) and revise Loss Cost Multipliers with ar  |                              |
| Adopt NCCI loss costs (circular 11-20             | ordered and revise coss cost Multipliers with an  | reflective date of 2/1/2011. |
|   |   |                              |
|   |   |                              |
| tadioated to reflect all prior rate change        | _   |                              |
| *Adjusted to reflect all prior rate change        |   |                              |
| ** Change in Company's premium level (            | which will result from application of new rates.  |                              |
|   | Liberty Mutu                                      | al Insurance Company         |
|   |   | ne of Company                |
|   | INdi  | ne or company                |
|   | Bonnie Roede                                      | r State Filings Analyst      |
|   |   | Official - Title             |
|   |   | ATTOOL TICE                  |



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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
GPRINGFIELD, ILLINOIS

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# **ILLINOIS DEPARTMENT OF INSURANCE**

DEC -8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Company's premium or rate level        | produced by rate revision effective           | February 1, 2011               |
|--|---|--------------------------------|
| (1)  | (2)   | (3)                            |
| • •  | Annual Premium                                | Percent                        |
| Coverage   | Volume (Illinois)*                            | Change (+ or -)**              |
| 1. Automobile Liability                          |   |                                |
| Commercial                                       |   |                                |
| Automobile Physical Damage     Commercial        |   |                                |
| 3. Liability Other Than Auto                     |   |                                |
| 4. Burglary and Theft                            |   |                                |
| 5. Glass   |   |                                |
| 6. Fidelity                                      |   |                                |
| 7. Surety  |   |                                |
| 8. Boiler and Machinery                          |   |                                |
| 9. Fire  |   |                                |
| 10. Extended Coverage                            |   |                                |
| 11. Inland Marine                                |   |                                |
| 12. Homeowners                                   |   |                                |
| 13. Commercial Multi-Peril                       |   |                                |
| 14. Crop Hail                                    |   |                                |
| 15. Other Workers Compensation                   | 4,041,608                                     | +5.9%                          |
| Line of Insurance                                |   |                                |
|  |   |                                |
| Does filing only apply to certain territory (te  | rritories) or certain classes? If so, specify | y:                             |
| All territories and classes                      |   |                                |
|  |   |                                |
| Brief description of filing > (If filing follows | rates of an advisory organization, specify    | organization):                 |
| Adopt NCCI loss costs (circular IL-2010          | -10) and revise Loss Cost Multipliers with    | an effective date of 2/1/2011. |
|  |   |                                |
|  |   |                                |
|  |   |                                |
| *Adjusted to reflect all prior rate changes.     |   |                                |
| ** Change in Company's premium level whi         | ch will result from application of new rate   | <b>25.</b>                     |
|  | I M Tn  | surance Corporation            |
|  |   | Name of Company                |
|  | ·   | v - ,                          |
|  | Bonnie Roe                                    | eder State Filings Analyst     |
|  |   | Official - Title               |



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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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#### IL Department Of Insurance FORM (RF-3) SUMMARY SHEET

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JAN - 7 2011

| revision effective<br>(1)                    |  | vel produced by rate January 1, 2011                | STATE OF ILLINOIS DEPARTMENT OF INSURA |
|--|--|---|--|
| (1)  |  | (2)   | SPRINGFIELD                            |
|  |  | Annual Premium                                      | Percent                                |
| Coverage                                     |  | Volume (Illinois) *                                 | Change (+ or -) **                     |
| Coverage                                     |  | Volume (minors)                                     |  |
| Automobile Liabi                             |  |   |  |
| Private Passen                               | ger  |   |  |
| Commercial                                   |  |   |  |
| Automobile Phys                              | ical Damage  |   |  |
| Private Passen                               | ger  |   |  |
| Commercial                                   | -  |   |  |
| Liability Other Th                           | nan Auto   |   |  |
| Burglary and The                             |  |   |  |
| Glass  |  |   |  |
| Fidelity                                     |  |   |  |
| Surety                                       |  |   |  |
| Boiler and Mach                              | inen/  |   |  |
| Fire   | пету   |   |  |
|  | 200  |   |  |
| Extended Covera                              | ige  |   |  |
| Inland Marine                                |  |   |  |
| Homeowners                                   |  |   |  |
| Commercial Mult                              | ı-Perii  |   |  |
| Crop Hail                                    |  | 40.070.544  |  |
|  | cers Compensation                                    | \$2,379,541   | -0.2%                                  |
| Line   | of Insurance   |   |  |
| pes filing only appliasses? If so, spec      | iling. (If filing follows rate organization): We are | s of an advisory<br>adoping the NCCI approval 1/1/2 | 2011 voluntary loss costs, for new     |
| ief description of fi<br>ganization, specify | and ren  | ewal policies.                                      |  |
|  | and ren  | ewal policies.                                      |  |

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
DEPARTMENT OF ILLINOIS

Maryland Casualty Company
Name of Company

Nancy M. Hoppe, SVP and Chief Pricing A Official - Title



DEC 20 2010

Form (RF-3)

# SUMMARY SHEE DEPARTMENT OF INSURANCE SPRINGFIELD

| (     | Change in Company's premiur                                 | n or rate level produced by rate revision effective | 02/01/2011                |
|-------|---|---|---------------------------|
|       | (1)   | (2)<br>Annual Premium                               | (3)<br>Percent            |
|       | Coverage  | Volume (Illinois)*                                  | <u>Change (+ or -)**</u>  |
| 1.    | Automobile Liability<br>Private Passenger                   |   |                           |
|       | Commercial  |   |                           |
| 2.    | Automobile Physical Dama<br>Private Passenger<br>Commercial | ge  |                           |
| 3.    | Liability Other Than Auto                                   |   |                           |
| 4.    | Burglary and Theft  |   |                           |
| 5.    | Glass   |   |                           |
| 6.    | Fidelity  |   |                           |
| 7.    | Surety  |   |                           |
| 8.    | Boiler and Machinery  |   |                           |
| 9.    | Fire  |   |                           |
| 10.   | Extended Coverage   |   |                           |
| 11.   | Inland Marine   |   |                           |
| 12.   | Homeowners  |   |                           |
| 13.   | Commercial Multi-Peril                                      |   |                           |
| 14.   | Crop Hail   |   |                           |
| 15.   | Other Workers'  | 3,819,856   | -1.5%                     |
|       | Compensation  | -,,   |                           |
|       | Line of Insurance   | 3   |                           |
| Brief | description of filing. (If filing                           | follows rates of an advisory organization, specify  | organization):            |
| Ado   | option of the National Con                                  | uncil on Compensation Insurance, Inc.'s ("I         | NCCI") Illinois Voluntary |
|       |   | and Rating Values effective January 1, 202          |                           |
|       | e February 1, 2011.   | <u> </u>  |                           |
|       | 0 1 001441 1, 2011.   |   |                           |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



FEB 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Mitsui Sumitomo Insurance Company of America

Name of Company

Scott M. Herbert, Sr. Gov't. Affairs Analyst

Official - Title

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DEC 2 0 2010

Form (RF-3)

# STATE OF ILLINOIS SUMMARY SHEE PEPARTMENT OF INSURANCE SPRINGFIELD

| (      | Change in Company's premium or rate                           | e level produced by rate revision effective                                      | 02/01/2011                |
|--------|---|--|---------------------------|
|        | (1)   | (2)<br>Annual Premium  | (3)<br>Percent            |
|        | <u>Coverage</u>   | Volume (Illinois)*   | <u>Change (+ or -)**</u>  |
| 1.     | Automobile Liability Private Passenger Commercial             |  |                           |
| 2.     | Automobile Physical Damage<br>Private Passenger<br>Commercial |  |                           |
| 3.     | Liability Other Than Auto                                     |  |                           |
| 4.     | Burglary and Theft  |  |                           |
| 5.     | Glass   |  |                           |
| 6.     | Fidelity  |  |                           |
| 7.     | Surety  |  |                           |
| 8.     | Boiler and Machinery  |  |                           |
| 9.     | Fire  |  |                           |
| 10.    | Extended Coverage   |  |                           |
| 11.    | Inland Marine   |  |                           |
| 12.    | Homeowners  |  |                           |
| 13.    | Commercial Multi-Peril  |  |                           |
| 14.    | Crop Hail   |  |                           |
| 15.    | Other Workers'  | 1,804,190  | -0.8%                     |
|        | Compensation  |  |                           |
|        | Line of Insurance   |  |                           |
| Does f | filing only apply to certain territory (te                    | erritories) or certain classes? If so, specify:                                  |                           |
| Ado    | option of the National Council o                              | rates of an advisory organization, specify on Compensation Insurance, Inc.'s (") | NCCI") Illinois Voluntary |
| Mar    | ket Advisory Loss Costs and Ra                                | ating Values effective January 1, 20   | 11, MSIG Effective        |
|        | e February 1, 2011  |  |                           |
|        |   |  |                           |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

FILED

FEB 0 1 2011

Mitsui Sumitomo Insurance USA Inc.

Name of Company

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Scott M. Herbert, Sr. Gov't.

Affairs Analyst

Official - Title

H29219D

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/01/2011 (3) (2) (1) Percent Annual Premium Change (+ or -)\*\*Volume (Illinois) \* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail -20% 2,077,848 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are modifying our current LCM of 1.495 to 1.20 based on favorable results. \* Adjusted to reflect all prior rate changes. \*\* Change in Company's premium level which will result from application of new rates. National Interstate Insurance Company MAR 0 1 2011 Name of Company STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Rachael Yash - Compliance Specialist

Official - Title

INS00106



### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

DEC 2 2 2010

FORM (RF-3)

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| (1)                                 | (2) Annual Premium                      | (3) Percent                            |
|-------------------------------------|---|--|
| Coverage                            | Volume (Illinois) *                     | Change (+or-) **                       |
| Automobile Liability Privat         | e                                       |  |
| Passenger                           |   |  |
| Commercial                          |   |  |
| Automobile Physical Dam             | ag                                      | •                                      |
| Private Passenger                   |   |  |
| Commercial                          |   |  |
| Liability Other Than Auto           | ······································  |  |
| Burglary and Theft                  |   |  |
| Glass                               |   | - JAN a                                |
| Fidelity                            |   | DEPARTATE OF                           |
| Surety                              |   | DEPARTMENT OF ILLING                   |
| Boiler and Machinery                |   | SPRINGE OF THE                         |
| Fire                                | · · · · · · · · · · · · · · · · · · ·   | TELD INST                              |
| Extended Coverage                   |   | -1145                                  |
| Inland Marine                       |   |  |
| Homeowners                          |   |  |
| Commercial Multi-Peril              |   |  |
| Crop Hail                           | <b>*</b>                                | . 5 70/                                |
| Other Workers' Compensation         | \$20,390,000                            | +5.7%                                  |
| Life of Insurance                   |   |  |
| Does filing only apply to c         | ertain territory (territories) or       | certain                                |
| Classes? If so,                     | • |  |
| specify: Yes                        | s: 7380, 8742, 8810, 8824, 8825, 88     | 26, 8829,                              |
| 8832, 8835, 8842, 8864, 8868, 9015, | 9040                                    |  |
| Brief description of filing.        | (If filing follows rates of an a        | advisory                               |
| Organization, specify               | •                                       |  |
| organization):                      | Adoption of 01/01/2011 N                | ICCI advisory rates with the exception |
| NHRMA Mutual class code 9926 ra     | te of \$3.59.                           |  |
|                                     |   |  |
| *Adjusted to reflect all price      |   |  |
| **Change in Company's p             | remium level which will resu            | alt from application of new            |
| rates.                              |   | _                                      |
|                                     |   | surance Company                        |
|                                     | Na                                      | me of Company                          |

Official – Title

Lloyd Wiesemann, VP of Insurance Services

#### FORM RF-3

| Chan              | ge in Company's premium or rate level produced by rate revision  | on effective                                | Jan          | uary 1, 2011                        |
|-------------------|--|---|--------------|-------------------------------------|
|                   | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* |              | (3)<br>Percent<br>Change (+ or -)** |
| 1.                | Automobile Liability Private Passenger Commercial  |   | <del>-</del> |                                     |
| 2.                | Automobile Physical Pannage Private Passenge Commercial Liability Other Than Auto  |   | -<br>-       |                                     |
| 3.<br>4.<br>5.    | Burglary and Theft JAN 0 1 2011  |   | -            |                                     |
| 6.<br>7.<br>8.    | Fidelity STATE OF ILLINOIS SURETY SPRINGFIELD, ILLINOIS Boiler and Machinery RINGFIELD, ILLINOIS Fire  |   | -<br>-       |                                     |
| 9.<br>10.<br>11.  | Fire Extended Coverage Inland Marine   |   | -            |                                     |
| 12.<br>13.        | Homeowners Commercial Multi-Peril  |   | -<br>-<br>-  |                                     |
| 14.<br>15.<br>16. | Crop Hail Workers Compensation Other   | 310,882                                     | -            | -3.4%                               |
|                   | Line of Insurance  |   | -            |                                     |
| Does              | filing only apply to certain territory (territories) or certain classe   | s? If so, specify <u>N</u>                  | lo.          |                                     |
| Wor               | description of filing (if filing follows rates of an advisory organizations Compensation loss costs and rating values per ecurrent loss cost multiplier from 1.543 to 1.560. |   |              | CCI approved oposes an increase     |
| *                 | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a   | application of new rates.                   |              |                                     |
|                   |  | NIPPONKOA Ins                               |              | pany, Limited                       |
|                   | RECEIVED   | Name o                                      | f Company    | and Vice President                  |
|                   | JAN 18 2011  |   | al - Title   | 2nd Vice President                  |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

Section 754

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#### IL Department Of Insurance FORM (RF-3) SUMMARY SHEET

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# STATE OF ILLINOIS DEPARTMENT OF INSURANCE

|   | el produced by rate  | DEPARTMENT OF I                   |
|---|--|-----------------------------------|
|   | January 1, 2011  |                                   |
| (1)   | (2)  | (3)                               |
|   | Annual Premium   | Percent                           |
| Coverage  | Volume (Illinois) *  | Change (+ or -) **                |
| Automobile Liability  |  |                                   |
| Private Passenger   | _  |                                   |
| Commercial  |  |                                   |
| Automobile Physical Damage  |  |                                   |
| Private Passenger   |  |                                   |
| Commercial  |  |                                   |
| Liability Other Than Auto   |  |                                   |
| Burglary and Theft  |  |                                   |
| Glass   |  |                                   |
|   |  |                                   |
| Fidelity  |  |                                   |
| Surety  |  |                                   |
| Boiler and Machinery  |  |                                   |
| Fire  |  |                                   |
| Extended Coverage   |  |                                   |
| Inland Marine   |  |                                   |
| Homeowners  |  |                                   |
| Commercial Multi-Peril  |  |                                   |
| Crop Hail   |  |                                   |
| Olop Hall   |  |                                   |
|   | \$2,377,506  | -0.4%                             |
| Other Workers Compensation Line of Insurance  | \$2,377,506  | 0.4%                              |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates aganization, specify organization): We are a  | ries) or certain  of an advisory doping the NCCI approval 1/1/20               |                                   |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates ganization, specify organization): We are a   | ries) or certain of an advisory  |                                   |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates aganization, specify organization): We are a  | ries) or certain  of an advisory doping the NCCI approval 1/1/20               |                                   |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates aganization, specify organization): We are a  | ries) or certain  of an advisory doping the NCCI approval 1/1/20               |                                   |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates aganization, specify organization): We are a  | ries) or certain  of an advisory doping the NCCI approval 1/1/20               |                                   |
| Other Workers Compensation Line of Insurance  Does filing only apply to certain territory (territor asses? If so, specify: No  Prief description of filing. (If filing follows rates aganization, specify organization): We are a and rene  Adjusted to reflect all prior rate changes.   | ries) or certain  of an advisory doping the NCCI approval 1/1/20 wal policies. |                                   |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates ganization, specify organization): We are a and rene  Adjusted to reflect all prior rate changes. Change in Company's premium level which   | ries) or certain  of an advisory doping the NCCI approval 1/1/20 wal policies. |                                   |
| Other Workers Compensation Line of Insurance  Description of graphy to certain territory (territory asses? If so, specify:  No  Dief description of filing. (If filing follows rates ganization, specify organization):  We are a and rene  Adjusted to reflect all prior rate changes. Change in Company's premium level which result from application of new rates. | ries) or certain  of an advisory doping the NCCI approval 1/1/20 wal policies. |                                   |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates rganization, specify organization): We are a and rene  Adjusted to reflect all prior rate changes. Change in Company's premium level which result from application of new rates.    | ries) or certain  of an advisory doping the NCCI approval 1/1/20 wal policies. | 011 voluntary loss costs, for nev |
| Other Workers Compensation Line of Insurance  oes filing only apply to certain territory (territo asses? If so, specify: No  rief description of filing. (If filing follows rates rganization, specify organization): We are a and rene  Adjusted to reflect all prior rate changes. Change in Company's premium level which result from application of new rates.    | of an advisory doping the NCCI approval 1/1/20 wal policies.                   |                                   |

CTATE OF ILLINOIS

SERVICE OF INSURANCE LANCE OF THE OFFICIAL SERVICE OF THE OFFICE OF

#### Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| (1) (2) (3)  Annual Premium Percent  Coverage Volume (Illinois)* Change (+ or -)*  | • |
|--|---|
| 1. Automobile Liability Private  |   |
| Passenger Commercial  2. Automobile Physical Damage  |   |
| Private Passenger Commercial  3. Liability Other Than Auto  4. Burglary and Theft  |   |
| 5. Glass 6. Fidelity   |   |
| 7. Surety 8. Boiler and Machinery  |   |
| 9. Fire 10. Extended Coverage 11. Inland Marine  |   |
| 12. Homeowners 13. Commercial Multi-Peril  |   |
| 14. Crop Hail       15. Other     Workers' Compensation     5,631,268     -3.2%  |   |
| Does filing only apply to certain territory (territories) or certain classes? If so, specify:  Applies to all territories and classes.   |   |
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  Adoption of the 1/1/11 loss costs published by NCCI (NCCI Filing Circular # IL-2010-05) |   |
|  |   |
| *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.   |   |
| Pacific Indemnity Company  Name of Company   |   |
| rame or company  |   |

FILED

JAN 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### FORM RF-3

| Change in Company's premium or rate level produced by rate revisi |  | ion effective                               |                  | January 1, 2011               |  |
|---|--|---|------------------|-------------------------------|--|
|   | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* |                  | (3) Percent Change (+ or -)** |  |
| 1.  | Automobile Liability Private Passenger Commercial  |   |                  |                               |  |
| 2.  | Automobile Physical Damage Private Passenger Commercial  |   |                  |                               |  |
| 3.<br>4.<br>5.<br>6.  | Burglary and Theft Glass Fidelity  JAN 0 1 2011  |   |                  |                               |  |
| 7.  | Surety   |   |                  |                               |  |
| 8.  | Boiler and Machinery STATE OF ILLINOIS   |   |                  |                               |  |
| 9.  | Fire DEPARTMENT OF INSURANCE Extended Coverage SPRINGFIELD, ILLINOIS                                 |   |                  |                               |  |
| 10.   | Extended Coverage OFRINGFIELD, ILLINOIS  |   |                  |                               |  |
| 11.   | Iniano Marine  |   |                  |                               |  |
| 12.   | Homeowners   |   | <del></del>      |                               |  |
| 13.   | Commercial Multi-Peril   |   | <del></del>      |                               |  |
| 14.   | Crop Hail  | 4,933,353                                   | _                | 3.7%                          |  |
| 15.   | Workers Compensation   | 4,000,000                                   | <del></del>      |                               |  |
| 16.   | Other Line of Insurance  |   |                  |                               |  |
|   | filing only apply to certain territory (territories) or certain classes                              |   | No.              | f NCCl corrected              |  |
| Brief   | description of filing (if filing follows rates of an advisory organiz                                | ation, specify organization)                |                  | f NCCI approved               |  |
| Wor   | kers Compensation loss costs and rating values pe  | er NCCI Circular IL-2010                    | J-10. The filing | proposes an increase          |  |
| in th   | e current loss cost multiplier from 2.315 to 2.341.  | The filing maintains the c                  | current approv   | ed deviation of +50.0%.       |  |
| *   | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from | application of new rates.                   |                  |                               |  |
|   |  | The Ph                                      | oenix Insuranc   | ce Company                    |  |
|   |  | Na  | me of Company    |                               |  |
|   | RECEIVED   |   | aafa             | 2nd Vice President            |  |
|   |  |   | Official - Title |                               |  |
|   | JAN <b>18</b> 2011   |   |                  |                               |  |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

#### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)



Change in Company's premium or rate level produced by rate repair MENT OF ILLINOIS

SPRINGFIELD, ILLINOIS (1)(2) (3)Annual Premium Percent Volume (Illinois) \* Change (+or-) \*\* Coverage Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Worker's Compensation 9,662,202 +2.2 Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): SECURA is adopting NCCI Advisory Rates and Misc Values per Circular IL-2010-10.

SECURA Insurance, A Mutual Company Name of Company Daniel P. Ferris - Vice President & General Counsel Official - Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

Roni Schwartz

Official - Title

|            |  | e level produced by rate revision effective    |                          |
|------------|--|--|--------------------------|
|            | (1)                                    | (2)<br>Annual Premium                          | (3)<br>Percent           |
|            | Coverage                               | Volume (Illinois)*                             | <u>Change (+ or -)**</u> |
| . <i>A</i> | Automobile Liability                   |  |                          |
|            | Private Passenger                      |  | · .                      |
|            | Commercial                             |  |                          |
| . <i>F</i> | Automobile Physical Damage             |  |                          |
|            | Private Passenger                      |  |                          |
| •          | Commercial                             |  |                          |
| I          | Liability Other Than Auto              |  |                          |
|            | Burglary and Theft                     |  |                          |
|            | Glass                                  |  |                          |
|            | idelity                                |  |                          |
|            | Surety                                 |  |                          |
|            | Boiler and Machinery                   |  |                          |
|            | Fire                                   |  |                          |
|            | Extended Coverage                      |  |                          |
|            | nland Marine                           |  |                          |
|            | Homeowners                             |  |                          |
| _          | Commercial Multi-Peril                 |  |                          |
|            | Crop Hail                              |  |                          |
|            | Other Workers Compensation             | 642,869  | 9.8%                     |
|            | Line of Insurance                      | 042,007  | 7.070                    |
|            |  |  |                          |
| filin      | g only apply to certain territory (ter | rritories) or certain classes? If so, specify: |                          |
| f desc     | cription of filing. (If filing follows |  |                          |

|             | Change in Company's premium or rate  | level produced by rate revision effective                          | ve <u>2/1/2011</u>       |
|-------------|--|--|--------------------------|
|             | (1)  | (2)<br>Annual Premium  | (3)<br>Percent           |
| •           | Coverage   | Volume (Illinois)*   | <u>Change (+ or -)**</u> |
| 1.          | Automobile Liability   |  |                          |
|             | Private Passenger  |  |                          |
|             | Commercial   |  |                          |
| 2.          | Automobile Physical Damage   |  |                          |
|             | Private Passenger  |  | <del> </del>             |
| _           | Commercial   |  |                          |
| 3.          | Liability Other Than Auto  |  |                          |
| 4.          | Burglary and Theft   |  |                          |
| 5.          | Glass  |  |                          |
| 6.<br>7.    | Fidelity   |  |                          |
| 7.<br>8.    | Surety Boiler and Machinery  |  |                          |
| 9.          | Fire   |  |                          |
| 10.         | Extended Coverage  |  |                          |
| 11.         | Inland Marine  |  |                          |
| 12.         | Homeowners   |  |                          |
| 13.         | Commercial Multi-Peril   |  |                          |
| 14.         | Crop Hail  |  |                          |
| 15.         | Other Workers Compensation   | 16,306,720   | 4.5%                     |
|             | Line of Insurance  |  |                          |
| No<br>Brief | filing only apply to certain territory (ter<br>description of filing. (If filing follows a<br>are adopting the NCCI loss costs that ar | rates of an advisory organization, spec                            | ify organization):       |
|             |  |  |                          |
| ** C        | djusted to reflect all prior rate changes. hange in Company's premium level whe sult from application of new rates.                    | FEB <b>0</b> 1 2011  |                          |
| •           |  | STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS So | utii Carotina            |
|             |  | _  | Name of Company          |
|             |  | Ro   | oni Schwartz             |
|             |  | <del></del>  | Official - Title         |

| (               | Change in Company's premium or rate   | level produced by rate revision effective  | 2/1/2011                                   |
|-----------------|---|--|--|
|                 | (1) <u>Coverage</u>   | (2) Annual Premium Volume (Illinois)*  | (3) Percent Change (+ or -)**              |
| 1.              | Automobile Liability Private Passenger  |  |  |
|                 | Commercial  |  |  |
| 2.              | Automobile Physical Damage  |  |  |
| ۷.              | Private Passenger   |  |  |
|                 | Commercial  |  |  |
| 3.              | Liability Other Than Auto   |  |  |
| 4.              | Burglary and Theft  |  |  |
| 5.              | Glass   |  |  |
| 6.              | Fidelity  |  |  |
| 7.              | Surety  |  |  |
| 8.              | Boiler and Machinery  |  |  |
| 9.              | Fire  |  |  |
| 10.             | Extended Coverage   |  |  |
| 11.             | Inland Marine   |  |  |
| 12.             | Homeowners  |  |  |
| 13.             | Commercial Multi-Peril  |  |  |
| 14.             | Crop Hail   | 6,783,525  | 7.0%                                       |
| 15.             | Other Workers Compensation Line of Insurance                                      | 0,783,323  | 7.070                                      |
|                 | Line of Insurance   |  | •  |
| Does fi<br>No   | iling only apply to certain territory (ter  | ritories) or certain classes? If so, specify:  |  |
| Brief d<br>We a | description of filing. (If filing follows re adopting the NCCI loss costs that ar | rates of an advisory organization, specify e effective 1/1/10 and revising our current | organization):<br>t loss cost multipliers. |
|                 |   |  |  |
| * Ac            | djusted to reflect all prior rate changes.  |  |  |
| * Cl            | nange in Company's premium level wh   | ich will   |  |
| re              | sult from application of new rates.   |  | •  |
|                 |   |  |  |

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FEB 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Selective Insurance Company of the Southeast

Name of Company

Roni Schwartz

Official - Title

JAN 0 1 2011

Form (RF-3)

#### SUMMARY SHEET

| Dep <sub>ar</sub><br>Sp | TAT<br>TIME<br>RING | C OF | LLINOIS<br>INSURA<br>ILLINOIS | <i>'</i> |
|-------------------------|---------------------|------|-------------------------------|----------|
| duced                   | by                  | rate | ILLINOIS                      | ANCE     |

Change in Company's premium or rate level prod revision effective 1/1/2011 (1) (2) (3) Annual Premium Percent Volume (Illinois)\* Change (+ or -)\*\* Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 0.0% 15. Other Workers Compensation \$2,569,669 Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt NCCI's January 1, 2011 advisory rates for January 1, 2011. RF-3 contains estimated information.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

> Sentry Casualty Company Name of Company

William O'Riff

- Vice President General Counsel & Corporate Secretary

| Change in Company's premium revision effective 1/1/2011   | or rate level produced b   | by rate                                   |
|---|--|---|
| (1)   | (2) Annual Premium   | (3)<br>Percent                            |
| Coverage  | Volume (Illinois)*   | Change (+ or -)**                         |
| 1. Automobile Liability<br>Private Passenger  |  |   |
| Commercial  |  |   |
| 2. Automobile Physical Damage Private Passenger Commercial  |  |   |
| 3. Liability Other Than Auto  |  |   |
| 4. Burglary and Theft   |  |   |
| 5. Glass  | <del></del>  |   |
| 6. Fidelity   |  |   |
| 7. Surety   | · · · · · · · · · · · · · · · · · · ·  |   |
| 8. Boiler and Machinery   |  |   |
| 9. Fire   |  |   |
| 10. Extended Coverage   |  | · · · · · · · · · · · · · · · · · · ·     |
| 11. Inland Marine   | Wildy May May 19 years and the second | <u> </u>                                  |
| 12. Homeowners  |  |   |
| 13. Commercial Multi-Peril  |  |   |
| 14. Crop Hail   |  |   |
| 15. Other Workers Compensation  | \$18,306,913   | 0.0%                                      |
| Does filing only apply to certain If so, specify: Classes 4112, 4150, 4561 Classes 4439 and 8869 adjusted. New classes 2797 | and 9059 are discontinued.   | 11-17-11                                  |
| Brief description of filing. (If organization, specify organization phraseology Item filings B-1408, B-1409, B-1410,        | ): This is an abbreviated rate cha   | an advisory nge in response to NCCI's     |
|   |  |   |
| * Adjusted to reflect all prior ra  | ate changes  | the transfer of the second                |
| ** Change in Company's premium lever<br>result from application of new:   | el which will  | JAN <b>0 1</b> 2011                       |
|   |  | OTATE OF ILLINOIS DEPARTMENT OF INSURANCE |
|   | Sentry Insurance a Mut   | ual Company                               |
|   | Name of Compa  | ny  |
|   | Mike Williams  - Vice Pres  Official - Tit   | sident - Chief Actuary                    |

| Change in Company's premium revision effective 1/1/2011  | m or rate level produced            | by rate                                |
|--|-------------------------------------|--|
| (1)  | (2)<br>Annual Premium               | (3)<br>Percent                         |
| Coverage   | Volume (Illinois)*                  | Change (+ or -)**                      |
| 1. Automobile Liability Private Passenger Commercial   |                                     |  |
| 2. Automobile Physical Damage<br>Private Passenger<br>Commercial   |                                     |  |
| <ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> </ol>  |                                     |  |
| 5. Glass   |                                     |  |
| 6. Fidelity  |                                     |  |
| 7. Surety  |                                     |  |
| 8. Boiler and Machinery  |                                     |  |
| 9. Fire  |                                     |  |
| 10. Extended Coverage  | ·                                   |  |
| 11. Inland Marine  |                                     |  |
| 12. Homeowners   |                                     |  |
| 13. Commercial Multi-Peril   |                                     |  |
| 14. Crop Hail  |                                     |  |
| 15. Other Workers Compensation   | \$3,642,136                         | 0.0%                                   |
| Line of Insurance  |                                     |  |
| Does filing only apply to certain If so, specify: Classes 4112, 4150, 456  | 1 and 9059 are discontinued.        |  |
| Classes 4439 and 8869 adjusted. New classes 279  | 7, 2799, 4109, 4110, 4149, 6503 and | 8037.                                  |
| Brief description of filing. (If organization, specify organization phraseology Item filings B-1408, B-1409, B-1410, | 1): This is an abbreviated rate cha | an advisory inge in response to NCCI's |
| * Adjusted to reflect all prior r  | rate changes                        |  |
| ** Change in Company's premium lev<br>result from application of new   | rel which will                      | JAN 0 1 2011                           |
|  |                                     | DEPARTMENT OF ILLINOIS                 |
|  |                                     | SPRINGFIELD INSURANCE                  |
|  | Sentry Select Insuran               |  |
|  | Name of Compa                       | ny                                     |
| 7  | Mike Williams - Vice Pres           | sident - Chief Actuary                 |
| <del></del>  | Official - Tit                      |  |
| H29219D  |                                     |  |

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|            | Change in Company's premium  | or rate level produced by rate   |  |
|------------|--|--|--|
|            | revision effectiv Jan  | uary 1, 2011   | JAN 0 1 2011   |
|            | (1)  | (2)<br>Annual Premium  | DEPARTMENT OF ILLINOIS SPRINGER OF ANSURANGE Change (PROTECTION) |
|            | <u>Coverage</u>  | Volume (Illinois)*   | Change (FIED TO ) HASURAN  |
| 1.         | Automobile Liability   |  | •  |
|            | Private Passenger  |  |  |
|            | Commercial   |  |  |
| 2.         | Automobile Physical Damage   |  |  |
|            | Private Passenger  |  |  |
|            | Commercial   |  |  |
| 3.         | Liability Other Than Auto  |  |  |
| 4.         | Burglary and Theft   |  |  |
| 5.         | Glass  |  |  |
| 6.         | Fidelity   |  |  |
| 7.         | Surety   |  |  |
| 8.         | Boiler and Machinery   |  |  |
| 9.         | Fire   |  |  |
| 10.        | Extended Coverage  |  |  |
| 11.        | Inland Marine  |  |  |
| 12.        | Homeowners   |  |  |
| 13.        | Commercial Multi-Peril   |  |  |
|            | Crop Hail  |  |  |
| 14         |  |  |  |
|            | Other 16.0 - Workers Compensation  | \$2,750,43   | 0.40%  |
| 14.<br>15. |  | \$2,750,43   | 0.40%  |
| 15.<br>Doe | Other 16.0 - Workers Compensation  |  | 0.40%  |
| Doe clas   | Other 16.0 - Workers Compensation Line of Insurance  s Filing only apply to certain territory (territors? If so, specify:  No  f description of filing. (If filing follows rate  | ritories) or certain   |  |
| Doe clas   | Other 16.0 - Workers Compensation Line of Insurance  Filing only apply to certain territory (territors? If so, specify:  No  Idescription of filing. (If filing follows rate   | itories) or certain  |  |
| Doe clas   | Other 16.0 - Workers Compensation Line of Insurance  s Filing only apply to certain territory (territors? If so, specify:  No  f description of filing. (If filing follows rate  | ritories) or certain   |  |
| Doe clas   | Other 16.0 - Workers Compensation Line of Insurance  s Filing only apply to certain territory (territors? If so, specify:  No  f description of filing. (If filing follows rate  | ritories) or certain   |  |
| Doe clas   | Other 16.0 - Workers Compensation Line of Insurance  Filing only apply to certain territory (territors) (territors | ritories) or certain es of an advisory rkers Compensation Loss C   |  |
| Doe clas   | Other 16.0 - Workers Compensation Line of Insurance  Filing only apply to certain territory (territors) (territors)  Fidescription of filing. (If filing follows rate inization, specify organization):  Wo  * Adjusted to reflect all prior rate change   | ritories) or certain es of an advisory rkers Compensation Loss C   |  |
| Doe clas   | Other 16.0 - Workers Compensation Line of Insurance  Filing only apply to certain territory (territors) (territors | es of an advisory rkers Compensation Loss Compen |  |

Kevin Purcell, Vice President - IRC
Official - Title

#### FORM RF-3

| Change in Company's premium or rate level produced by rate revision effective         |  |   |                  | January 1, 2011  |  |
|---|--|---|------------------|--|--|
|   | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* |                  | (3)<br>Percent<br>Change (+ or -)**                        |  |
| 1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7.<br>8.<br>9.<br>10.<br>11.<br>12.<br>13.<br>14. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety DEPARTMENT OF ILLINOIS Boiler and Machinery SPRINGFIELD, ILLINOIS Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Workers Compensation | 9,795,226                                   |                  | 1.0%   |  |
| 16.   | Other Line of Insurance  | •   | _                |  |  |
| Does  | filing only apply to certain territory (territories) or certain cla  | isses? If so, specify                       | No.              |  |  |
| Wor   | description of filing (if filing follows rates of an advisory orga<br>kers Compensation loss costs and rating values<br>e current loss cost multiplier from 1.080 to 1.092   | per NCCI Circular IL-2010                   | 0-10. The filing | NCCI approved proposes an increase ed deviation of -30.0%. |  |

| • | Adjusted | to | reflect | all | prior | rate | cnange | S |
|---|----------|----|---------|-----|-------|------|--------|---|
|---|----------|----|---------|-----|-------|------|--------|---|

RECEIVED

doi O'Keafe

2nd Vice President

Official - Title

Name of Company

The Standard Fire Insurance Company

JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

<sup>\*\*</sup> Changes in Company's premium level which will result from application of new rates.

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

# FILED

### **SUMMARY SHEET**

MAR 0 1 2011

| effective 03/01/2011                         | •                                    | DEPARTMENT OF IN<br>SPRINGFIELD, IL  |  |  |  |
|--|--------------------------------------|--|--|--|--|
| (1)  | (2)<br>Annual Premium                | (3)<br>Percent   |  |  |  |
| Coverage                                     | Volume (Illinois) *                  | Change (+or-) **   |  |  |  |
| Automobile Liability Private                 | - Volumo (minoto)                    | - Change (*Or )  |  |  |  |
| Passenger                                    |                                      |  |  |  |  |
| Commercial                                   |                                      |  |  |  |  |
| Automobile Physical Damag                    |                                      |  |  |  |  |
| Private Passenger                            |                                      | •  |  |  |  |
| Commercial                                   |                                      |  |  |  |  |
| Liability Other Than Auto                    |                                      |  |  |  |  |
| Burglary and Theft                           |                                      |  |  |  |  |
| Glass  |                                      |  |  |  |  |
| Fidelity                                     | <del></del>                          |  |  |  |  |
| Surety                                       |                                      |  |  |  |  |
| Boiler and Machinery                         |                                      |  |  |  |  |
| Fire   | <del> </del>                         | Activities and a second |  |  |  |
| Extended Coverage                            |                                      |  |  |  |  |
| nland Marine                                 | <del></del>                          |  |  |  |  |
| Homeowners                                   |                                      |  |  |  |  |
| Commercial Multi-Peril                       |                                      |  |  |  |  |
| Crop Hail                                    |                                      |  |  |  |  |
| Other wc                                     | 9,919,050                            | 1.4%   |  |  |  |
| Life of Insurance                            | 3,313,030                            | 1.476  |  |  |  |
|  |                                      |  |  |  |  |
| Does filing only apply to certa              | in territory (territories) or        | certain  |  |  |  |
| Classes? If so,                              |                                      |  |  |  |  |
| specify: No No                               |                                      |  |  |  |  |
| Brief description of filing. (If fi          | ling follows rates of an ac          | dvison   |  |  |  |
| Organization, specify                        | ing tollows rates of arrai           | avisory  |  |  |  |
| organization):                               | Star Insurance Company (Star) will a | adopt NCCl's January 1, 2011 advisory rates with new   |  |  |  |
| business and renewals effective March 1      | 2011                                 |  |  |  |  |
| DUSHIESS AND TENEWARS CHECUVE MAIOH 1, 2011. |                                      |  |  |  |  |
| *Adjusted to reflect all prior ra            | te changes.                          |  |  |  |  |
| **Change in Company's prem                   |                                      | It from application of new   |  |  |  |
| rates.                                       |                                      | •  |  |  |  |
|  | Star Insurance Cor                   | mpany  |  |  |  |
|  | Nar                                  | me of Company  |  |  |  |
|  | Compliance Analyst                   | , , ,  |  |  |  |
|  | Compliance Analysi                   | ·  |  |  |  |

### **SUMMARY SHEET**

| Change in Company's premium or rate level  | 04/01/2011                                  |                           |
|--|---|---------------------------|
| (1)  | (2)<br>Annual Premium                       | (3)<br>Percent            |
| Coverage   | Volume (Illinois)*                          | <u>Change (+ or -)**</u>  |
| Automobile Liability Private   |   |                           |
| Passenger Commercial   |   |                           |
| Automobile Physical Damage     Private Passenger Commercial                                  |   |                           |
| 3. Liability Other Than Auto   |   |                           |
| Burglary and Theft   |   |                           |
| 5. Glass   |   |                           |
| 6. Fidelity  |   |                           |
| 7. Surety  |   |                           |
| Boiler and Machinery   |   |                           |
| 9. Fire  |   |                           |
| 10. Extended Coverage  |   |                           |
| 11. Inland Marine  |   |                           |
| 12. Homeowners   |   |                           |
| 13. Commercial Multi-Peril   |   |                           |
| 14. Crop Hail  |   |                           |
| 15. Other Workers' Compensation  Line of Insurance   | 28,102,670                                  | -0.3%                     |
| Does filing only apply to certain territory (ter   | ritories) or certain classes? If so, specif | y: <u>N/A</u>             |
| Brief description of filing. (If filing follows 1/1/2011 loss costs and miscellaneous rating |   |                           |
| *Adjusted to reflect all prior rate changes. **Change in Company's premium level whic        | h will result from application of new rate  | P.S.                      |
| Shangs in company o promisin lovel time  |   |                           |
|  | State Farm                                  | Fire and Casualty Company |
|  |   | Name of Company           |

FILED

Gregory S. Girard, Actuary & Assistant Secretary-Treasurer
Official – Title

APR 0 1 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS



Form (RF-3)

#### SUMMARY SHEET

JAN 0 1 2011

| Change in Company's premium revision effective 01/01/2              | m or rate level produced<br>011  | STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS |
|---|--|---|
| (1)   | (2)  | (3)   |
| (=/   | Annual Premium   | Percent   |
| Coverage  | Volume (Illinois) *  | Change (+ or -)**   |
| 1. Automobile Liability   | •  |   |
| Private Passenger   |  |   |
| Commercial  | 1970   |   |
|   |  |   |
| 2. Automobile Physical Damage                                       |  |   |
| Private Passenger   |  |   |
| Commercial  |  |   |
| 3. Liability Other Than Auto  |  |   |
| 4. Burglary and Theft   |  |   |
| 5. Glass  |  |   |
| 6. Fidelity   |  |   |
| 7. Surety   |  |   |
| 8. Boiler and Machinery   |  |   |
| 9. Fire   |  |   |
| 10. Extended Coverage   |  |   |
| 11. Inland Marine   |  |   |
| 12. Homeowners  | - Control of the Cont | ***   |
| 13. Commercial Multi-Peril  |  |   |
| 14. Crop Hail   |  |   |
|   | 383,164  | +2%   |
| 15. Other Workers' Compensation                                     | 383,104  | TZ8   |
| Line of Insurance   |  |   |
|   |  |   |
| Does filing only apply to certain If so, specify: N/A               | territory (territories)o   | r certain classes?  |
| <del></del>   |  |   |
|   |  |   |
| Brief description of filing. (If organization, specify organization |  | an advisory   |
| Adoption of NCCI IL WC Voluntary M                                  | Market-Advisory Rates To   | oss Costs, and Rating   |
| Values Effective January 1, 2011                                    | in addition to the Adopt   | tion of NCCI CW Item  |
| Filing B-1420 Revisions to Basic M                                  | Manual Rule 2-E-1-b-Execu  | tive Officers Premium   |
| Determination, 2-E-3 Partners and                                   | Sole Proprietors, and Cr   | reation of Appendix F   |
| Dodding D D D D D D D D D D D D D D D D D D D                       | ==== =================================   |   |

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

| TRANS | GUARD II | SURANCE | COMPANY  | OF | AMERICA, | INC. |  |
|-------|----------|---------|----------|----|----------|------|--|
|       |          | Name o  | of Compa | пy |          |      |  |

Gloria A. Goldbranson, FLMI - Senior Compliance Business Analyst
Official - Title

#### FORM RF-3

| Chan  | ge in Company's premium or rate level produced by rate r          | evision effective                 | Jar               | nuary 1, 2011                 |
|-------|---|-----------------------------------|-------------------|-------------------------------|
|       | (1)   | (2) Annual Premium                |                   | (3) Percent Change (+ or -)** |
|       | Coverage  | Volume (Illinois)*                |                   | Change (+ or -)               |
| 1.    | Automobile Liability  |                                   |                   |                               |
|       | Private Passenger   |                                   |                   |                               |
|       | Commercial  |                                   | -                 |                               |
| 2.    | Automobile Physical Damage  |                                   | _                 |                               |
|       | Private Passenger   |                                   | _                 |                               |
|       | Commercial  |                                   |                   |                               |
| 3.    | Liability Other Than Auto   |                                   | _                 |                               |
| 4.    | Burglary and Theft  |                                   | _                 |                               |
| 5.    | Glass   |                                   | _                 |                               |
| 6.    | Fidelity  |                                   | _                 |                               |
| 7.    | Surety  |                                   | _                 |                               |
| 8.    | Boiler and Machinery  |                                   | _                 |                               |
| 9.    | Fire  |                                   | _                 |                               |
| 10.   | Extended Coverage   |                                   | _                 |                               |
| 11.   | Inland Marine   |                                   | _                 |                               |
| 12.   | Homeowners  |                                   | _                 |                               |
| 13.   | Commercial Multi-Peril  |                                   | _                 |                               |
| 14.   | Crop Hail   |                                   | _                 |                               |
| 15.   | Workers Compensation  | 12,299,193                        | _                 | 0.3%                          |
| 16.   | Other   |                                   |                   |                               |
|       | Line of Insurance   |                                   | _                 |                               |
|       |   |                                   |                   |                               |
| Does  | filing only apply to certain territory (territories) or certain c | lasses? If so, specify            | No.               |                               |
|       |   |                                   |                   |                               |
|       |   |                                   | Adamtian of NC    | CCI approved                  |
| Brief | description of filing (if filing follows rates of an advisory org | ganization, specify organization) | Adoption of NO    |                               |
| Wor   | kers Compensation loss costs and rating value                     | s per NCCi Circular IL-2010-1     | o. The illing pro | puses an increase             |
| in th | e current loss cost multiplier from 1.235 to 1.24                 | 8. The filing maintains the cur   | rent approved     | deviation of -20.0%.          |
|       |   |                                   |                   |                               |

Adjusted to reflect all prior rate changes

Changes in Company's premium level which will result from application of new rates.

RECEIVED

Travelers Casualty Insurance Company of America

Name of Company

JAN 18 2011

2nd Vice President

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD



WC-IL-7

JAN 0 1 2011

Printing 08/95

DEPARTMENT OF ILLINOIS
CHAINGFIELD, ILLINOIS



JAN 0 1 2011

#### FORM RF-3

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

| Chan  | ge in Company's premium or rate level produced by rate revisio          | n effective                  | J                | anuary 1, 2011           |
|-------|---|------------------------------|------------------|--------------------------|
|       | (1)   | (2)<br>Annual Premium        |                  | (3)<br>Percent           |
|       | Coverage  | Volume (Illinois)*           |                  | Change (+ or -)**        |
| 1.    | Automobile Liability  |                              |                  |                          |
| • •   | Private Passenger   |                              |                  |                          |
|       | Commercial  |                              | _                |                          |
| 2.    | Automobile Physical Damage  |                              | _                |                          |
|       | Private Passenger   |                              | <del></del>      |                          |
|       | Commercial  |                              | _                |                          |
| 3.    | Liability Other Than Auto   |                              | _                |                          |
| 4.    | Burglary and Theft  |                              | <del>_</del>     |                          |
| 5.    | Glass   |                              | <del></del>      |                          |
| 6.    | Fidelity  |                              | _                |                          |
| 7.    | Surety  |                              | _                |                          |
| 8.    | Boiler and Machinery  |                              | <del>_</del>     |                          |
| 9.    | Fire  | W                            | <del></del>      |                          |
| 10.   | Extended Coverage   |                              | <del></del>      |                          |
| 11.   | Inland Marine   | 1000                         |                  |                          |
| 12.   | Homeowners  |                              |                  |                          |
| 13.   | Commercial Multi-Peril  |                              | <del></del>      |                          |
| 14.   |   |                              | <del></del>      | 1111-111                 |
| 15.   | Crop Hail Workers Compensation  | 4,222,344                    | _                | -1.6%                    |
|       |   | .,,                          |                  |                          |
| 16.   | Other  Line of Insurance  |                              | _                |                          |
|       | Line of insurance   |                              |                  |                          |
| Does  | filing only apply to certain territory (territories) or certain classes | s? If so, specify            | No.              |                          |
|       |   |                              |                  |                          |
|       |   |                              |                  | NOOL                     |
| Brief | description of filing (if filing follows rates of an advisory organiza  | ation, specify organization) |                  | NCCI approved            |
| Wor   | kers Compensation loss costs and rating values pe                       | r NCCI Circular IL-2010      | -10. The filing  | proposes an increase     |
| in th | e current loss cost multiplier from 2.006 to 2.029. T                   | he filing maintains the c    | urrent approve   | ed deviation of + 30.0%. |
|       |   |                              |                  |                          |
|       |   |                              |                  |                          |
| *     | Adjusted to reflect all prior rate changes                              |                              |                  |                          |
| **    | Changes in Company's premium level which will result from a             | application of new rates.    |                  |                          |
|       |   |                              |                  |                          |
|       |   | Travelers (                  | Casualty & Sui   | rety Company             |
|       | RECEIVED  |                              | ne of Company    |                          |
|       | KECEIVED  |                              | · •              |                          |
|       |   | doi OK                       | sofe             |                          |
|       | JAN 18 2011   |                              |                  | 2nd Vice President       |
|       | July 10 man   | C                            | Official - Title |                          |
|       | STATE OF ILLINOIS   |                              |                  |                          |
|       | BERADIMENT OF INSURANCE   |                              |                  |                          |
| •     | SPRINGFIELD   |                              |                  |                          |

WC-IL-7

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#### FORM RF-3

| Chan                 | ge in Company's premium or rate level produced by rate revision  | n effective                                 | Ja               | anuary 1, 2011  |
|----------------------|--|---|------------------|---|
|                      | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* |                  | (3)<br>Percent<br>Change (+ or -)**                       |
| 1.                   | Automobile Liability Private Passenger Commercial  |   | _                |   |
| 2.                   | Automobile Physical Damage Private Passenger Commercial  |   | _<br>_<br>_<br>_ |   |
| 3.<br>4.<br>5.<br>6. | Liability Other Than Auto Burglary and Theft Glass Fidelity  |   | -<br>-<br>-      |   |
| 7.                   | Surety JAN 0 1 2011  |   | _                |   |
| 8.                   | Boiler and Machinery   |   | _                |   |
| 9.                   | Fire STATE OF ILLINOIS   |   | _                |   |
| 10.                  | Extended Coverage DEPARTMENT OF INSURANCE  |   | _                |   |
| 11.                  | Inland Marine SPRINGFIELD, ILLINOIS  |   |                  |   |
| 12.                  | Homeowners   |   | _                |   |
| 13.                  | Commercial Multi-Peril   |   | _                |   |
| 14.                  | Crop Hail  |   | <del>-</del>     |   |
| 15.                  | Workers Compensation   | 19,137,738                                  | <del>-</del>     | 2.3%  |
| 16.                  | Other  |   |                  |   |
|                      | Line of Insurance  |   | _                |   |
|                      |  |   |                  |   |
| Does                 | filing only apply to certain territory (territories) or certain classes  | ? If so, specify                            | No.              |   |
| Worl                 | description of filing (if filing follows rates of an advisory organiza<br>kers Compensation loss costs and rating values per<br>e current loss cost multiplier from 1.852 to 1.873. Th   | NCCI Circular IL-2010-                      | 10. The filing   | NCCI approved proposes an increase d deviation of +20.0%. |
| *                    | Adjusted to reflect all prior rate changes<br>Changes in Company's premium level which will result from a  | pplication of new rates.                    |                  |   |
|                      |  | The Trave                                   | elers Indemnit   | y Company   |
|                      |  |   | ne of Company    | <u> </u>  |
|                      | RECEIVED   |   |                  |   |
|                      | and a large of the control of the co | ター・ベン・                                      |                  |   |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

JAN 18 2011

WC-IL-7

Printing 08/95

Official - Title

2nd Vice President

#### FORM RF-3

| Chan                    | ge in Company's premium or rate level produced by rate revisio   | n effective   |                  | January 1, 2011                         |
|-------------------------|--|---|------------------|---|
|                         | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)*             |                  | (3)<br>Percent<br>Change (+ or -)**     |
| 1.                      | Automobile Liability   |   |                  |   |
|                         | Private Passenger  |   |                  |   |
|                         | Commercial   |   | <del></del>      |   |
| 2.                      | Automobile Physical Damage   |   | _                |   |
|                         | Private Passenger<br>Commercial  |   |                  |   |
| 3.                      | Liability Other Than Auto  |   | <u></u>          |   |
| 4.                      | Burglary and Theft   |   |                  |   |
| 5.                      | Glass  |   |                  |   |
| 6.                      | Fidelity LANL A R CO.  |   | _                |   |
| 7.                      | Surety <b>JAN 0</b> 1 2011   |   | _                |   |
| 8.                      | Boiler and Machinery   |   | <u> </u>         | <del></del> -                           |
| 9.                      | Fire DEPARTMENT OF ILLINOIS Extended Coverage SPRINGEIS D  |   | _                |   |
| 10.                     |  |   | <del>_</del>     |   |
| 11.                     | Intana Marine  |   | <del></del>      |   |
| 12.                     | Homeowners   |   | _                |   |
| 13.<br>14.              | Commercial Multi-Peril   | <del></del>   | <del>_</del>     |   |
| 1 <del>4</del> .<br>15. | Crop Hail Workers Compensation   | 24,941,094  |                  | 0.9%                                    |
| 16.                     | Other  |   |                  |   |
| 10.                     | Line of Insurance  |   |                  |   |
| Does                    | filing only apply to certain territory (territories) or certain classes  | s? If so, specify                                       | No.              | , to                                    |
| Wor                     | description of filing (if filing follows rates of an advisory organiza<br>kers Compensation loss costs and rating values pe<br>e current loss cost multiplier from 1.543 to 1.560. | ation, specify organization)<br>r NCCI Circular IL-2010 |                  | of NCCI approved g proposes an increase |
| *                       | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from a   | pplication of new rates.                                |                  |   |
|                         |  | The Travelers   | Indemnity Co     | mpany of America                        |
|                         |  | Na  | me of Company    |   |
|                         | RECEIVED   | doni OK   | safa             | 2nd Vice President                      |
|                         |  |   | Official - Title |   |
|                         | JAN <b>18</b> 2011   | ·   |                  |   |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

#### FORM RF-3

| (1) (2) (3) Percent Coverage Volume (Illinois)* Change (* of -)**  1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theff Science 6. Fidelity 7. Surety JAN 0 1 2011 8. Boiler and Machinery 8. Boiler and Machinery 9. Fire STATE OF ILLINOIS 10. Extended Coverage PARTMENT OF INSURANCE 11. Inland Maries 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Workers Compensation 16. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify organization) Adoption of NCCI approved Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  ** Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  ** The Travelers Indemnity Company of Connecticut Name of Company  ** Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  ** The Travelers Indemnity Company of Connecticut Name of Company  ** Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  ** The Travelers Indemnity Company of Connecticut Name of Company  ** Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  ** The Travelers Indemnity Company of Connecticut Name of Company  ** Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  ** The Travelers Indemnity Company of Connecticut Name of Company  | Change in Company's premium or rate level produced by            | y rate revision effective                     | January 1, 2011                       |
|--|--|---|---------------------------------------|
| Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theff Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire STATE OF ILLINOIS 10. Extended Coverage STATE OF ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Workers Compensation 16. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify No.  PRECEIVED  RECCIONED  The Travelers Indemnity Company of Connecticut Name of Company 2nd Vice President Norficial - Title  Title  Title  Tofficial - Title  |  | Annual Premium                                | Percent                               |
| Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theff Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire STATE OF ILLINOIS 10. Extended Coverage STATE OF ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Workers Compensation 16. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify No.  PRECEIVED  RECCIONED  The Travelers Indemnity Company of Connecticut Name of Company 2nd Vice President Norficial - Title  Title  Title  Tofficial - Title  | 1 Automobile Liability   |   |                                       |
| Commercial  2. Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theres 5. Glass 6. Fidelity 7. Surety 9. Fire 0. Extended Coverappart MENT OF INSURANCE 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hall 5. Workers Compensation 6. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  Workers Compensation Ioss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  **  **  **  **  **  **  **  **  **  |  |   |                                       |
| Automobile Physical Damage Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire STATE OF ILLINOIS 0. Extended Coverage PARTMENT OF INSURANCE 1. Inland Marine SPRINGFIELD, ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hall 15. Workers Compensation 16. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify No.  Street description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase In the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes * Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut Name of Company RECEIVED  * Adjusted Title  * Add Vice President Official - Title  | •  |   |                                       |
| Private Passenger Commercial  3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 9. Fire 9. STATE OF ILLINOIS 1. Inland Marine 9. SPRINGFIELD, ILLINOIS 1. Inland Marine 9. SPRINGFIELD, ILLINOIS 1. Inland Marine 9. SPRINGFIELD, ILLINOIS 1. Inland Marine 1. Inland Marine 9. SPRINGFIELD, ILLINOIS 1. Inland Marine 9. SPRINGFIELD, ILLINOIS 1. Inland Marine 1. Inland Marine 9. SPRINGFIELD, ILLINOIS 1. Inland Marine 9. SPR |  |   |                                       |
| Commercial  Liability Other Than Auto  Burglary and Theff  Glass  Glass  Fidelity  JAN 0 1 2011  Boiler and Machinery  Fire  STATE OF ILLINOIS  OExtended Coverage PARTMENT OF INSURANCE  Inland Marine  SPRINGFIELD, ILLINOIS  Commercial Multi-Peril  Commercial Multi-Peril  Commercial Multi-Peril  Corp Hail  Coverage PARTMENT OF INSURANCE  Inland Marine  SPRINGFIELD, ILLINOIS  Accommercial Multi-Peril  Commercial  | •  |   |                                       |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 5. Glass 6. Fidelity 7. Surety 9. Fire 9. STATE OF ILLINOIS 10. Extended Coverage PARTMENT OF INSURANCE 11. Inland Marine SPRINGFIELD, ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other 16. Line of Insurance 17. Line of Insurance 18. Jan 19. Specify organization 18. Jan 19. Specify organization 18. Adoption of NCCI approved 18. Morkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filling proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  18. Adjusted to reflect all prior rate changes 18. Adjusted to reflect all prior rate changes 19. Adjusted to reflect al |  |   |                                       |
| 4. Burglary and There 6. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery JAN 0 1 2011 8. Boiler and Machinery 9. Fire STATE OF ILLINOIS 9. Fire STATE OF ILLINOIS 9. Fire STATE OF ILLINOIS 9. Fire STANGFIELD, ILLINOIS 9. Fire SPRINGFIELD, ILLINOIS 9. Inland Marine SPRINGFIELD, ILLINOIS 9. Inla |  |   |                                       |
| 6. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. STATE OF ILLINOIS 10. Extended Coverage PARTMENT OF INSURANCE 11. Inland Marine 9. SPRINGFIELD, ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other 16. Line of Insurance 17. Line of Insurance 18. Line of Insurance 19. Line of Insurance 19 |  |   |                                       |
| Surety Surety Starte OF ILLINOIS Description of filing (if filing follows rates of an advisory organization, specify organization) Surety Starte OF ILLINOIS Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  **  **  **  **  **  **  **  **  **  | 5. Close   | <i></i>                                       |                                       |
| 8. Boiler and Machinery 9. Fire 9. Fire STATE OF ILLINOIS 10. Extended Coverage SPRINGFIELD, ILLINOIS 11. Inland Marine SPRINGFIELD, ILLINOIS 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other  Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify  No.  Strief description of filling (if filing follows rates of an advisory organization, specify organization)  Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filling proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  President  Name of Company  2nd Vice President  Official - Title   |  |   |                                       |
| Solier and Michillery 9. Fire 1. Inland Marine SPRINGFIELD, ILLINOIS 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 15. Workers Compensation 16. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  No.  Sirief description of filing (if filing follows rates of an advisory organization, specify organization) Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut Name of Company  ** PRINGFIELD, ILLINOIS  8,930,731  -0.5%  No.  ** Adoption of NCCI approved Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut Name of Company  ** Add Vice President Official - Title  |  |   | <u></u>                               |
| Solier and Michillery 9. Fire 1. Inland Marine SPRINGFIELD, ILLINOIS 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 15. Workers Compensation 16. Other Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  No.  Sirief description of filing (if filing follows rates of an advisory organization, specify organization) Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut Name of Company  ** PRINGFIELD, ILLINOIS  8,930,731  -0.5%  No.  ** Adoption of NCCI approved Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut Name of Company  ** Add Vice President Official - Title  | 8 Poilor and Machinery JAN U I ZUII                              |   |                                       |
| The Travelers Indemnity Company of Connecticut  Name of Company  PRECEIVED  STATE OF INSURANCE SPRINGFIELD, ILLINOIS  1. Inland Marine SPRINGFIELD, ILLINOIS  SPRINGFIELD, ILLINOIS  SPRINGFIELD, ILLINOIS  SPRINGFIELD, ILLINOIS  8,930,731  -0.5%  No.  No.  No.  No.  Adoption of NCCI approved  Morkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title  |  |   |                                       |
| 1. Inland Marine SPRINGFIELD, ILLINOIS  2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Workers Compensation 6. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  No.  Sinef description of filing (if filing follows rates of an advisory organization, specify organization)  Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut Name of Company  ** PRECEIVED  ** Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  | STATE ()F ILLINOIS   | ANCE  | · · · · · · · · · · · · · · · · · · · |
| A Commercial Multi-Peril   | 11 Inland Marine DEPARTMENT OF INSURA                            | 3   |                                       |
| Accommercial Multi-Peril  Crop Hail  Some Morkers Compensation  Cother  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  Morkers Compensation of filing (if filing follows rates of an advisory organization, specify organization)  Morkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes  * Changes in Company's premium level which will result from application of new rates.  * The Travelers Indemnity Company of Connecticut Name of Company  * Name of Company  * Add Vice President  Official - Title  |  |   | 140                                   |
| 4. Crop Hail b. Workers Compensation 6. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  Morkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  Part of Company  And Vice President  Official - Title  |  |   | -                                     |
| Workers Compensation Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify  Brief description of filling (if filling follows rates of an advisory organization, specify organization)  Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filling proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  PRECEIVED  RECGIVED  Advice President Official - Title   |  |   |                                       |
| Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  Prief description of filing (if filing follows rates of an advisory organization, specify organization)  Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  PRECEIVED  ** 2nd Vice President  Official - Title  |  | 8.930.731                                     | -0.5%                                 |
| Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify  No.  Brief description of filing (if filing follows rates of an advisory organization, specify organization)  Norkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.  * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut Name of Company  ** President Official - Title   |  |   |                                       |
| * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  **  **  **  **  **  **  **  **  **  |  |   |                                       |
| * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  **  **  **  **  **  **  **  **  **  | Opes filing only apply to certain territory (territories) or Co  | ertain classes? If so, specify No.            |                                       |
| * Adjusted to reflect all prior rate changes ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title   | Joes ming only apply to contain terrory (contains                |   |                                       |
| * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title  | Brief description of filing (if filing follows rates of an advis | sory organization, specify organization) Adop | otion of NCCI approved                |
| * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title  | Norkers Compensation loss costs and rating                       | values per NCCI Circular IL-2010-10. The      | e filing proposes an increase         |
| * Adjusted to reflect all prior rate changes  ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title  | n the current loss cost multiplier from 1.543 t                  | o 1.560.                                      |                                       |
| ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title  |  |   |                                       |
| ** Changes in Company's premium level which will result from application of new rates.  The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title  |  |   |                                       |
| The Travelers Indemnity Company of Connecticut  Name of Company  2nd Vice President  Official - Title  |  |   |                                       |
| RECEIVED  Soci O'Keepe 2nd Vice President  Official - Title  | ** Changes in Company's premium level which will                 | result from application of new rates.         |                                       |
| RECEIVED  Soci O'Keepe 2nd Vice President  Official - Title  |  |   |                                       |
| RECEIVED  Some Okeable 2nd Vice President Official - Title   |  | The Travelers Indemnity                       | y Company of Connecticut              |
| Official - Title   | •  | Name of Cor                                   | mpany                                 |
| Official - Title   | DECEN/ED   | 6   |                                       |
| Official - Title   | KEUEIVED   | dai O'Keefe                                   | 2nd Vice President                    |
| Uticial - Little   |  |   | Zilu vice Fresident                   |
|  | JAN 18 2011  | Official - 1                                  | iue                                   |

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

#### FORM RF-3

| Change in Company's premium or rate level produced by rate revis   | ion effective                               | January 1, 2011   |
|--|---|---|
| (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* | (3) Percent Change (+ or -)**   |
| <ol> <li>Automobile Liability         Private Passenger         Commercial</li> <li>Automobile Physical Damage         Private Passenger         Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> </ol> |   |   |
| 12. Homeowners DEPARTMENT OF INSURANCE  13. Commercial Multi-Peril SPRINGFIELD, ILLINOIS  14. Crop Hail  15. Workers Compensation  16. Other  Line of Insurance  Does filing only apply to certain territory (territories) or certain class  | 51,226,944<br>ses? If so, specify No        | 1.3%  |
| Brief description of filing (if filing follows rates of an advisory organize Workers Compensation loss costs and rating values print the current loss cost multiplier from 1.389 to 1.404.   | er NCCI Circular IL-2010-10.                | doption of NCCI approved The filing proposes an increase at approved deviation of -10.0%. |
| * Adjusted to reflect all prior rate changes     ** Changes in Company's premium level which will result from  |   | acualty Company of America  |
| RECEIVED   | Name of Official                            | 2nd Vice President  |

JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha       | nge in Company's premium or rate lev   | el produced by rate revision effective   | 3/1/2011                                   |
|-----------|--|--|--|
|           | (1)<br><u>Coverage</u>   | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1         | Andrew 1.11-1.11-1.116   |  |  |
| ١.        | Automobile Liability   |  |  |
|           | Private Passenger  | Marie  |  |
| ,         | Commercial   |  |  |
| 2.        | Automobile Physical Damage   |  |  |
|           | Private Passenger Commercial   |  |  |
|           |  |  |  |
| <b>.</b>  | Liability Other Than Auto  |  |  |
| ŀ.<br>:   | Burglary and Theft   | - Indiana - Indi |  |
| 5.<br>2   | Glass  |  |  |
| 6.<br>7.  | Fidelity   |  |  |
| ' .<br>3. | Surety Reiler and Machinery  |  |  |
| ).<br>).  | Boiler and Machinery   |  |  |
|           | Fire Extended Coverage   | and the second s |  |
|           | •  |  |  |
| 1.        | Inland Marine  |  |  |
|           | Homeowners   |  |  |
|           | Commercial Multi-Peril   |  |  |
|           | Crop Hail  | #7.044.200   | 0.40%                                      |
| 5.        | Other Workers' Compensation  | \$7,211,328  | 0.4078                                     |
|           | Line of Insurance  |  |  |
|           | es filing only apply to certain territory (to ted classes.   | erritories) or certain classes? If so, specify:  | We are revising the list of                |
| 4CC       | f description of filing. (If filing follows ra<br>I Loss Costs (IL-2010-10). We have changed our<br>urcharged Loss Cost Multiplier to 1.897. Schedul |  | ganization): We are adopting               |
|           |  |  |  |
|           | justed to reflect all prior rate changes.  |  |  |
| *C        | nange in Company's premium level wh  | ich will result from application of new rates  |  |
|           |  | United Fire & Ca   | sualty                                     |
|           |  | N  | lame of Company                            |
|           |  | Allen R. Sorens  | sen, VP - Corporate Underwriting           |
|           |  |  | Official - Title                           |
|           |  |  |  |

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MAR 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### FORM RF-3

| Chan   | ge in Company's premium or rate level produced by rate revis   | sion effective                              | Ja                 | nuary 1, 2011   |
|--|--|---|--------------------|---|
|  | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* |                    | (3)<br>Percent<br>Change (+ or -)**                       |
| 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Theorem Commercial Liability Other |   |                    |   |
| 1 <del>4</del> .<br>15.                        | Crop Hail Workers Compensation   | 4,033,687                                   | <u> </u>           | 3.6%  |
| 16.  | Other  |   |                    |   |
| Does   | Line of Insurance filing only apply to certain territory (territories) or certain class  | ses? If so, specify                         | No.                |   |
| Wor  | description of filing (if filing follows rates of an advisory organi<br>kers Compensation loss costs and rating values p<br>e current loss cost multiplier from 1.698 to 1.717.  | er NCCI Circular IL-2010                    | 0-10. The filing p | NCCI approved proposes an increase d deviation of +10.0%. |
| *  | Adjusted to reflect all prior rate changes Changes in Company's premium level which will result from   | application of new rates.                   |                    |   |

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doi O'Keefe

2nd Vice President

Official - Title

Name of Company

United States Fidelity and Guaranty Company

JAN 18 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

WC-IL-7

Printing 08/95

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha               | ange in Company's premium or rate lev   | rel produced by rate revision effective  | 01/01/2011                                 |
|-------------------|---|--|--|
|                   | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1.                | Automobile Liability Private  |  |  |
| 11.<br>12.<br>13. | Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail |  |  |
|                   | Other Workers' Compensation   | 2,060,989  | -3%  |
| App<br>Brie       | ies to all territories and classes.   | erritories) or certain classes? If so, specify:  ates of an advisory organization, specify org | ganization):                               |
|                   | ljusted to reflect all prior rate changes.<br>hange in Company's premium level wh   | ich will result from application of new rates.   |  |
|                   |   | Vigilant Insurance Company   | /<br>Name of Company                       |
|                   |   | Assistant Vice President   | July Sul                                   |

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

# RECEIVED

# **ILLINOIS DEPARTMENT OF INSURANCE**

DEC -8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Company's premium or rate           | level produced by rate revision effective             | February 1, 2011            |
|---|---|-----------------------------|
| (1)   | (2)   | (3)                         |
| (-)   | Annual Premium  | Percent                     |
| Coverage                                      | Volume (Illinois)*                                    | Change (+ or -)**           |
| 1. Automobile Liability                       |   |                             |
| Commercial                                    |   |                             |
| 2. Automobile Physical Damage                 | •   |                             |
| Commercial                                    |   |                             |
| 3. Liability Other Than Auto                  |   |                             |
| 4. Burglary and Theft                         |   |                             |
| 5. Glass                                      |   |                             |
| 6. Fidelity                                   |   |                             |
| 7. Surety                                     |   |                             |
| 8. Boiler and Machinery                       |   |                             |
| 9. Fire                                       |   |                             |
| 10. Extended Coverage                         |   |                             |
| 11. Inland Marine                             |   |                             |
| 12. Homeowners                                |   |                             |
| 13. Commercial Multi-Peril                    |   |                             |
| 14. Crop Hail                                 |   |                             |
| 15. Other Workers Compensation                | 24,566,209  | +5.9%                       |
| Line of Insurance                             | 24,300,203  | 13.570                      |
| Line of Insurance                             |   |                             |
| Door filing only apply to certain territo     | ry (territories) or certain classes? If so, specify:_ |                             |
| All territories and classes                   | Ty (territories) or certain classes. It so, speeny    |                             |
| All territories and classes                   |   |                             |
| Priof description of filing > (If filing fol  | lows rates of an advisory organization, specify or    | rganization):               |
|   | 2010-10) and revise Loss Cost Multipliers with ar     |                             |
| Adopt NCCI loss costs (circular 12-           | 2010-10) and revise cost Multipliers with an          | renective date of 2/1/2011. |
|   |   |                             |
|   |   |                             |
| walth at a day wall and all mulan water above |   |                             |
| *Adjusted to reflect all prior rate change    |   |                             |
| ** Change in Company's premium leve           | el which will result from application of new rates.   |                             |
| •   | Managa Busin  | I C                         |
|   |   | ess Insurance Company       |
|   | Nan   | ne of Company               |
|   | Danais Danie  | or State Filings Applicat   |
|   |   | er State Filings Analyst    |
|   |   | Official - Title            |

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FEB 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



DEC - 8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

| Change in Company's premium or rate lev   | el produced by rate revision effective   | February 1, 2011              |
|---|--|-------------------------------|
| (1)   | (2)  | (3)                           |
| (1)   | Annual Premium   | Percent                       |
| •   |  | Change (+ or -)**             |
| Coverage  | Volume (Illinois)*   | Change (+ or -)               |
| 1. Automobile Liability   |  |                               |
| Commercial  |  |                               |
| 2. Automobile Physical Damage  Commercial   |  |                               |
| 3. Liability Other Than Auto  |  |                               |
| 4. Burglary and Theft   | <u> </u>   |                               |
| 5. Glass  |  |                               |
| 5. Fidelity   |  |                               |
| 7. Surety   |  |                               |
| B. Boiler and Machinery   |  |                               |
| 9. Fire   |  |                               |
| 10. Extended Coverage   |  |                               |
|   |  |                               |
| 11. Inland Marine   |  |                               |
| 12. Homeowners  |  |                               |
| 13. Commercial Multi-Peril  |  |                               |
| 14. Crop Hail   | F24.044  | LE 00/                        |
| 15. Other Workers Compensation  Line of Insurance                                       | 524,911  | +5.9%                         |
| All territories and classes  Brief description of filing> (If filing follow             | territories) or certain classes? If so, specify:  s rates of an advisory organization, specify o | rganization):                 |
| Adopt NCCI loss costs (circular IL-201  | 0-10) and revise Loss Cost Multipliers with a  | n effective date of 2/1/2011. |
|   |  |                               |
|   |  |                               |
| *Adjusted to reflect all prior rate changes.<br>** Change in Company's premium level wi | hich will result from application of new rates.  Wausau Gen                                      | eral Insurance Company        |
|   | Na   | me of Company                 |
|   |  | er State Filings Analyst      |
| ж.  |  | Official - Title              |
|   |  | FEB 0 1 2011                  |
|   |  | CTATE OF ILLINGID             |



DEC -8 2010

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

| Change in Company's premium or rate le         | vel produced by rate revision effective               | February 1, 2011             |
|--|---|------------------------------|
| (1)  | (2)   | (3)                          |
| (1)  | Annual Premium  | Percent                      |
| Covorago                                       | Volume (Illinois)*                                    | Change (+ or -)**            |
| Coverage                                       | volume (minois)                                       | Change (+ or -)              |
| . Automobile Liability                         |   |                              |
| Commercial                                     |   | •                            |
| <ol> <li>Automobile Physical Damage</li> </ol> |   |                              |
| Commercial                                     |   | <u></u> -                    |
| Liability Other Than Auto                      |   |                              |
| Burglary and Theft                             |   |                              |
| . Glass  |   |                              |
| . Fidelity                                     |   |                              |
| . Surety                                       |   |                              |
| Boiler and Machinery                           |   |                              |
| Fire   |   |                              |
| 0. Extended Coverage                           | <del></del>   |                              |
| Inland Marine                                  |   |                              |
| 2. Homeowners                                  |   |                              |
|  |   |                              |
| 3. Commercial Multi-Peril                      |   |                              |
| 4. Crop Hail                                   | 20.240.052  |                              |
| 5. Other Workers Compensation                  | 20,340,062  | +5.9%                        |
| Line of Insurance                              |   |                              |
|  | () )  |                              |
|  | (territories) or certain classes? If so, specify:     |                              |
| All territories and classes                    |   |                              |
| rief description of filing > (If filing follow | ws rates of an advisory organization, specify o       | organization).               |
|  | 10-10) and revise Loss Cost Multipliers with a        |                              |
| Aught Neet 1033 costs (circulal IL-20          | 10 10) and revise 2033 Cost Multipliers with a        | an enecuve date of 2/1/2011. |
|  |   |                              |
|  |   |                              |
| Adjusted to reflect all prior rate changes     | •   |                              |
|  | s.<br>which will result from application of new rates |                              |
| Change in Company's premium level v            | which will result from application of fiew fates      | •                            |
|  | Walisau Undon   | writers Insurance Company    |
|  |   | ame of Company               |
|  | IN a  | and or company               |
|  | Ronnie Roed   | der State Filings Analyst    |
|  | · · · · · · · · · · · · · · · · · · ·                 | Official - Title             |
|  |   | Official - TILE              |



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DEDA TARRES CATANDA CARANDE CARINGFIELD, ILLINOIS